



# Health at Work Strategic Plan 2011-2014





## Health at Work Strategic Plan 2011-2014

---

This strategy details Health at Work's planned aims and activities for the next three years, how they fit within the current policy context, why our approach will work and how our performance will be managed.

It was prepared by the Health at Work team after consultation with key stakeholders, colleagues, partners and clients.

### Strategic Plan Development Group, Health at Work

Lisa Buck	Health Improvement and Inequalities Manager (Editor)
Linda Crutchett	Health Improvement Lead
Catrina Henderson	Health Improvement Lead
Angela Ingram	Health Improvement Senior
Lesley McBrien	Health Improvement Practitioner
Debbie Nelson	Health Improvement Senior (Acting as HI Lead until mid 2011)
Graeme Stevenson	Health Improvement Practitioner

Health at Work delivers to the NHS Greater Glasgow and Clyde area, is funded by NHS Greater Glasgow and Clyde and the Scottish Centre for Healthy Working Lives, and is hosted by Glasgow City CHP

**NHS Greater Glasgow and Clyde, Glasgow**  
**Publication date: June 2011**





## Contents

---

	page
1. Executive summary	5
2. Our direction	7
3. Policy and performance context	11
4. Our focus	24
5. Our plan	30
6. Delivering the plan	49
7. Evaluation framework	52
8. Team biographies	53
9. Appendix	58
10. References	61

## Glossary

CHCP	Community Health and Care Partnership
CHP	Community Health Partnership
GCC	Glasgow City Council
HAW	Health at Work
HI	Health Improvement
HWL	Healthy Working Lives
NHSGGC	NHS Greater Glasgow and Clyde
OHS	Occupational Health and Safety
SCHWL	Scottish Centre for Healthy Working Lives
SIMD	Scottish Index of Multiple Deprivation
SME	Small to Medium Enterprise







# 1. Executive summary

---

**"A healthy working life is one that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and well-being. It means that individuals are empowered and enabled to do as much as possible, for as long as possible, or as long as they want, in both their working and non-working lives."**<sup>1</sup>

A healthy working life provides obvious benefits to individual employees as well as economic benefits to their employers as a result of a healthy workforce. Health at Work is NHS Greater Glasgow and Clyde's workplace health improvement team. Its mission is to establish needs-led health improvement programmes within the workplace setting in Greater Glasgow and Clyde thus promoting: safe and healthy working environments, health equalities, employability, and healthy lifestyle choices. Targeting NHS services to employers and employees is an effective way of improving health in this setting. It also provides scope for influencing the health of the wider community.

To fulfil our contribution to improving population health and reducing health inequalities in the workplace, this Strategic Plan sets out how Health at Work will:

- increase health improvement knowledge and practice in workplaces
- work with employees to empower them to identify and implement solutions to their own health issues
- encourage the creation of supportive workplace environments which enable people to retain or more easily gain employment
- assess our workplace programmes to ensure that they are inequalities sensitive and do not widen the health gap

The latest Director of Public Health report for NHS Greater Glasgow and Clyde<sup>2</sup> highlights the importance to the city of tackling alcohol related harm, tobacco, obesity and overweight, and poor levels of mental well-being. The workplace is identified as key to this agenda in a range of policy documents and strategies.

The Healthy Working Lives programme is emphasised in national policy as the main NHS advisory and support service for employers on workplace health improvement matters, and the Healthy Working Lives Award is a popular framework for workplaces to utilise.

Local and national strategies continue to highlight that engaging with employers on the issue of employability is an integral part of the plan to increase the employability of the residents of the area. This includes an agenda of valuing diversity, and encouraging good recruitment, retention and rehabilitation practices in the workplace.

To respond to these priority areas, this Strategic Plan sets out five key Health at Work Programmes:

- Healthy Working Lives Services and Solutions
- Addictions
- Obesity, Healthy Eating and Physical Activity
- Mental Health and Well-being
- Employability

These will be delivered within robust governance structures and will be measured within a local evaluation framework and through NHS Greater Glasgow and Clyde performance monitoring mechanisms.





## 2. Our direction

### Setting out the direction and aspirations of the Health at Work team

#### Vision

Health at Work's vision is to create a workplace culture within Greater Glasgow and Clyde in which employers recognise the contribution they can make towards public health goals, and do all they can to improve employee health and well-being.

#### Values

- Work with integrity and be accountable for our practice in accordance with NHS codes of conduct.
- 'Practice what we preach' and commit to health improvement and inequalities principles and practice for ourselves.
- Value the environment and apply principles of sustainability to our work: reduce, reuse and recycle.

#### Ethos

Our work will be informed by research and evidence about what works, and it will be inequalities sensitive. We will involve our clients, community, staff and partners in our decisions, developing and maintaining key partnerships in our field. Our highly motivated team is central to our success. By enabling their on-going development we will ensure the provision of the best possible service to our clients and partners.

#### Health at Work's mission

To establish needs-led health improvement programmes within the workplace setting in Greater Glasgow and Clyde thus promoting: safe and healthy working environments, health equalities, employability, and healthy lifestyle choices.

#### Strategic direction

The first Health at Work Strategic Plan spanned three years from April 2008 to March 2011. It saw the team align its work more obviously with local and national policy. Importantly it set out to address the noted priority issues for the Greater Glasgow and Clyde area – addictions, mental health, obesity and employability. Despite progress in the workplace setting, these issues are an integral part of the area's complex social problems and will remain as priorities for Health at Work in the coming three years of this plan.

Healthy Working Lives (HWL), and in particular the framework of the Healthy Working Lives Award has proven popular to employers in our area. Between 2008 and 2011, 121 new workplaces registered for the Healthy Working Lives Award, with 55 of those being Small to Medium Enterprises (SMEs). Allowing for deregistration and organisational restructure, the total number of HWL Award registrations increased by 93, from 142 in March 2008 to 235 in March 2011. The popularity of the Award enables us to begin our new Strategy with an enviable network of workplaces, employing approximately a third of all employees in the area. Health at Work will continue to support the objectives of the Scottish Centre for Healthy Working Lives in delivering workplace health improvement services and solutions to employers in the area.

Despite the boost given to the employment of priority groups by the work of the City Strategy in Glasgow, employability is now a more complex challenge due to the recession. The team will continue to engage employers on aspects of employability. It will practice with sensitivity to inequalities issues, and will have a sharper focus on priority groups who experience more inequality such as low paid workers, black and minority ethnic workers, and older workers.

Commitment to support the NHSGGC & Glasgow City Council (GCC) joint Staff Health Strategy will also continue. The role of these large public sector organisations in affecting meaningful change, not only for their staff, but also for the wider community remains important. The new Staff Health Strategy<sup>3</sup> aims to fulfil their aspirations to become exemplar workplaces.

To enable a coordinated response to these health issues, five key Health at Work Programmes will oversee the implementation of annual plans:

- Healthy Working Lives Services and Solutions
- Addictions
- Obesity, Healthy Eating and Physical Activity
- Mental Health and Well-being
- Employability

To realise the workplace culture change that is required to achieve our vision, Health at Work will create plans that will:

- enable employers to make sustainable changes through the team's delivery of services and solutions including the support of policy and strategy development
- build capacity for health improvement in the workplace setting by delivering training, creating lay health workers, and providing resources
- engage with employers regarding our shared agendas, utilising them to bring about strategic changes for better health for all within the wider policy environment
- enable community involvement by encouraging workplaces to play an integral role within their locality, and by utilising employees as health messengers to their social networks













### 3. Policy and performance context

#### Establishing our policy framework and performance measures

##### National Context

*Better Health, Better Care: Action Plan (2007)* the Scottish Government set out targets for each NHS board area, and committed to policy action on health inequalities and health improvement issues including smoking, obesity, mental health, and alcohol. It also charged the NHS with realising its potential as a 'corporate citizen' particularly in regards to employability and sustainability. From this came a suite of new health improvement policy directions including:



*Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-11 (2009)*, which established mentally healthy employment and working life as one of its six priority areas. In 2011, these objectives will be incorporated into a review of *Delivering for Mental Health (2011 – in development)* which has a wider scope and which will take the agenda forward in the coming years.

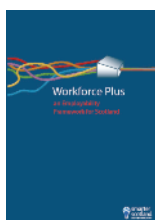
*Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010)* recognises the workplace as a setting in which to tackle the rising obesity 'epidemic'. *Changing Scotland's Relationship with Alcohol: A Discussion Paper on Our Strategic Approach (2008)* and *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008)* both expressed the requirement for a multi-level approach to tackling these important and complex issues, an approach in which there is potential for workplaces to play their part.

These were added to existing policies such as *Let's Make Scotland More Active (2003)*, *Breath of Fresh Air for Scotland: Tobacco Action Plan (2004)*, *Respect & Responsibility: Strategy and Action Plan for Improving Sexual Health (2005 and 2008 review)*, *Better Cancer Care, An Action Plan (2008)*, and *An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland (2005)*.



*Healthy Working Lives: A Plan for Action (2004)* drew together workplace health promotion, health and safety, and occupational health into a single coherent strategy. The strategy aims to support employers to create a healthy workplace, maximise functional capacity for the individual, and promote employability. In the light of work by Waddell and Burton (2006)<sup>4</sup> and Dame Carol Black's Review of the Working Age Population (2008)<sup>5</sup> the Healthy Working Lives Strategy was refreshed by the addition of *Health Works (2009)*. Together with the original plan this sets out actions for government, health boards, Scottish Centre for Healthy Working Lives, and others in relation to key employability and vocational rehabilitation issues.

*Scottish Centre for Healthy Working Lives Strategy and Strategic Business Plan 2010-2013* (2010) outlines that the principal focus of the Centre is to work with employers on health protection and improvement issues. It does this by providing a dedicated website and an Adviceline, and by driving the delivery of services and solutions via NHS Boards. Services include the Healthy Working Lives Award, Workplace Services, and a Learning and Development Programme.



*Workforce Plus – An Employability Framework for Scotland* (2006) acknowledges that work is the surest way of achieving a better quality of life and avoiding disadvantage. Employers are encouraged to play their part in providing employment opportunities for those who have been excluded from the workforce. Employability and lifelong learning are key aspects of including and progressing people within the Scottish workforce.

*Equally Well* (2008) and *Equally Well Review 2010* (2010) both discuss ways to tackle health inequalities which, if unchecked, will prevent Scotland from achieving sustainable economic growth through increased healthy life expectancy. There is focus on a child's early years and addressing factors that could perpetuate health inequalities from parent to child. The workplace is recognised as a setting in which inequalities can be tackled; employability and financial inclusion are highlighted as significant contributory factors with a demonstrable positive impact on mental and physical health.



*Achieving Our Potential: A Framework to Tackle Poverty and Income Inequality in Scotland* (2008), identifies how best to provide work for those who can work and support for those who can't. It aims to help lift people out of poverty by making sure they have the benefits they are entitled to and support at key transitions in their lives. Maximising the potential for people to work is seen as a key outcome. However it is recognised that in-work poverty is a very real problem in Scotland and that work alone is not the solution without fair pay.



## Greater Glasgow and Clyde Context

The purpose of the NHSGGC Planning Guidance 2011/12<sup>6</sup> is to establish planning and policy frameworks within which the whole of the organisation will operate to deliver on corporate responsibilities. At headline level those responsibilities are to deliver effective and high quality health services, to act to improve the health of the population, and to do everything possible to reduce health inequalities. The frameworks are the basis for Local Development Plans.

As an NHSGGC team, Health at Work sets three key policy frameworks at the heart of its strategy:

- Health Improvement,
- Employability, Financial Inclusion and Responding to the Recession
- Tackling Inequality.

However it should be noted that our work also contributes to, or is affected by, the other planning and policy frameworks, albeit to a lesser extent. Health at Work ultimately reports on performance against these frameworks via the Glasgow City Community Health Partnership's Development Plan.

## Health Improvement Policy Framework

This Policy Framework supports adoption of a whole systems approach where the determinants of health are addressed using combinations of five main strategies to achieve the best health outcomes:

### i) Healthy Public Policy

Influencing evidence based policy development at local and national level to impact on the wider social determinants of health.

### ii) Reorienting Health Services

Improving access to facilities and services - mediating between people and services in order to ensure that needs are met.

### iii) Strengthening Community Action

Supporting people in their communities to make decisions about health issues that affect them.

### iv) Strengthening Individuals

This means ensuring that people have the information and skills so that they are supported and enabled to make informed choices.

### v) Creating Healthy Environments

Working with partners such as planning, housing and transport to design and deliver environments which not only protect but also promote positive health.

Health issues such as smoking status, engagement in physical activity, and positive mental health are important considerations when improving health. Tackling health inequalities is also a health improvement priority. This is complex and there is an inherent risk of widening the health divide by providing programmes and activities aimed at improving population health without understanding the needs of the hardest to reach groups. This also applies to the workplace setting in which Health at Work operates and so it is important to encourage employers to consider targeted and universal actions when planning their own programmes for staff health.

Scotland Performs<sup>7</sup> provides accountability based on national Scottish Government priorities set out in the National Performance Framework. NHS Scotland reports performance through Scotland Performs via 'HEAT' targets. Individual targets are set for each NHS Board towards the national target. Health Improvement targets (the 'H' of 'HEAT') are set out in the following table, with the expected target contribution of NHSGGC. Workplace health improvement programmes delivered by Health at Work aim to assist achievement of these targets wherever possible.

### Health Improvement Targets for NHS Scotland (2011)

TARGET MEASURES	TARGET FOR NHSGGC
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines during 2011/12.	14,066
Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2011/12.	7,050
Achieve agreed completion rates for child healthy weight intervention programme over the three years ending March 2014.	3,400
NHS Scotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.	12,182
At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.	60%

The NHSGGC Health Improvement Group provides a forum for planning system-wide approaches and for the development of the health improvement workforce, whilst topic specific Planning and Implementation Groups (e.g. Tobacco PIG) monitor performance. The Director of Public Health's Biennial Report on the Health of the Population will provide a focus for monitoring progress in delivering the Health Improvement Policy Framework.

Health at Work's contribution to the high level outcomes of this framework is laid out in the following three tables.



### NHS Greater Glasgow and Clyde: Health Improvement Action Plan

OUTCOMES	ESSENTIAL ACTIONS	PERFORMANCE MEASURES	
We have local tobacco control plans linked to national policy and local priorities and plans are in place for each entity.	Each entity has access to expert advice and support to develop their local tobacco control plan. ★	HEAT Target 6 on Smoking Cessation	HAW actions – deliver workplace element of Glasgow Tobacco Strategy: (GTS 2.3) Ensure that stop smoking support is included and provided as a key component of smoking policies. (GTS 3.2) Through the Health at Work Team, promote workplace tobacco policies within organisations in Glasgow both generally and as part of Healthy Working Lives initiative, ensuring that policies are highlighted in induction for all new staff.
		Report on Development Plans from each entity with monitoring data ★	HAW measures – (GTS 2.3) NHS Smokefree Services stop smoking support provided within Healthy Working Lives programme (Number of workplace smoking cessation groups, number of quit attempts for Quit & Win Competition). (GTS 3.2) Number of new workplace No Smoking policies.
Obesity - We provide an evidence-based treatment pathway for adults in all areas of the Board's responsibility.	Develop local implementation plans to ensure action to improve healthy eating are implemented in conjunction with partner agencies ★	Numbers taking up 'get cooking', 'eat up' and similar healthy eating services. ★	HAW actions – develop and deliver workplace elements of Food, Fluid & Nutrition PIG Action Plan
			HAW measure - Number of workplaces developing organisational statements of intent that promote healthy eating
	Develop local implementation plans to ensure actions to improve physical activity levels are implemented in conjunction with partner agencies ★	Numbers accessing 'Live active' 'Vitality' and other physical activity services ★	HAW actions – develop and deliver workplace elements of Let's Make Glasgow More Active : (LMGMA) Access to opportunities for physical activity and increased participation
		The proportion of the NHS Greater Glasgow and Clyde adult population with a BMI of greater than 25 (overweight) or 30 (obese) as measured in the Scottish Health Survey is decreasing ★	HAW measure - (LMGMA) Number of workplaces developing organisational statements of intent that promote physical activity
We achieve an increase in the uptake of screening for bowel, breast and cervical cancer.	Promote screening by providing information & events to target populations ★	Uptake rates for screening  Number of events aimed at increasing uptake	HAW Action – promote events and provide information to workplaces

### Health Improvement Action Plan (continued - part 2)

OUTCOMES	ESSENTIAL ACTIONS	PERFORMANCE MEASURES	
<p>We provide services and supports for positive mental health targeting life stages and settings: children and young people, older adults, communities and workplace</p>	<p>-Development of mental health improvement action plans ★</p> <p>- Funding of mental health improvement initiatives, services and partnership arrangements</p>	<p>HEAT Target 5 on Suicide Prevention</p> <p>Population mental health measures - including positive mental health indicators, perceived mental health status</p> <p>Hospital admission rates other service utilisation rates</p> <p>Employment; social and financial inclusion indicators ★</p> <p>For further details, refer to the national Mental Health Improvement Outcomes Framework</p>	<p>HAW actions - develop and deliver workplace elements of the Mental Health Improvement plan.</p> <p>-Provide education and information for employees</p> <p>-Provide training for managers.</p> <p>- Promote and provide support for development and implementation of workplace Mental Health &amp; Well-being policies</p>
<p>We have a comprehensive drugs and alcohol prevention and education strategy</p>	<p>Comprehensive programmes underway at Board-wide and/or Local Authority level, coordinated through Alcohol and Drug Partnerships and allied structures; five main strands of overall health improvement approach as follows:</p> <p>-Culture change and communities;</p> <p>-Prevention, education and young people;</p> <p>-Support and harm reduction for vulnerable people;</p> <p>-Population-based harm reduction and early intervention;</p> <p>-Addressing inequality and diversity</p>	<p>Includes: Hospital admissions data, community treatment service data, surveys of consumption, specialised surveys such as SALSUS; estimates of prevalence of problem drinkers, estimates of numbers of children affected by problem drinking; social impact data such as crime and disorder, gender-based violence, prevalence estimates of drug use</p> <p>Refer to ISD alcohol misuse and drug misuse data plus key local material such as Let Glasgow Flourish, GGC Health and Wellbeing Survey</p>	<p>HAW measures</p> <p>-Number of new workplace Mental Health &amp; Well-being policies supported</p> <p>- Number of manager training sessions delivered</p> <p>HAW actions – develop and deliver workplace elements of ADP.</p> <p>- Further develop local alcohol communications strategy building on the “Play Safe in Glasgow” City Centre campaign working in harmony with the national campaigns</p> <p>- Promote &amp; provide support for development and implementation of workplace Alcohol and Drugs policies</p> <p>HAW measures - (ADP)</p> <p>-Number of Play Safe sessions delivered in workplaces</p> <p>- Number of new workplace Alcohol and Drugs policies</p>



## Health Improvement Action Plan (continued - part 3)

OUTCOMES	ESSENTIAL ACTIONS	PERFORMANCE MEASURES	
We ensure that the NHS mitigates the impact of child poverty	<p>-Development plans include recognition of effects and impact of child poverty and actions to address these ★</p> <p>- Services are sensitive to people's experience of poverty and are proactive in reducing discrimination</p>	Number of staff completing equality awareness training	<p>HAW actions –</p> <ul style="list-style-type: none"> <li>•Equality awareness training for staff</li> <li>•Increased focus on in-work poverty (including parents) via Low Paid Workers HI grant fund, and by specific recruitment of workplaces with a high proportion of low paid staff</li> </ul>
We have a comprehensive programme of services for the improvement of infant nutrition	Implement the action plans within the Infant Feeding Strategy. These translate all of the evidence into actions and support the implementation across all of the main NHS and non NHS partners involved in promoting and supporting breastfeeding and wider infant nutrition ★	Infant Feeding Pathway maternity, community and neonatal/ paediatric) outcomes (measurement of quality indicators and patient outcomes). ★	<p>HAW measure</p> <p>No of HAW Staff Trained</p> <p>No of workplaces accessing grant</p> <p>No of employees benefiting from grant</p> <p>HAW measures</p> <ul style="list-style-type: none"> <li>- Number of new workplaces supported to fulfil legal obligations re supporting mothers to continue breastfeeding (Achievement of HWL Silver award / Fulfilment of HWL Bronze Additional Healthy Eating criterion)</li> </ul> <p>HAW actions – promote and support breastfeeding at work</p>
We reduce the prevalence of childhood emotional and behavioural problems and improve confidence and well being through evidence based population parenting programmes	CH(C)P level implementation plans for parenting Framework ★	Monitoring of process, uptake and outcomes through the Parenting Performance Monitoring Framework	HAW Action – promote Triple P website and local groups and sessions to workplaces
We have improved the sexual health of children and young people and at risk groups	Promote sexual health services, both Sandyford and primary care, with targeting favouring young people under the age of 25, men who have sex with men and people from Sub-Saharan African countries ★	<p>-Numbers of people aged under 25 testing for Chlamydia and proportion of all those testing for Chlamydia by age and SIMD</p> <p>-Numbers of men who have sex with men and people from sub-Saharan countries of origin testing for HIV by testing venue</p>	HAW Action - promote sexual health services in workplace setting, including Talk 2 and Free Condom Distribution Service
		- Reductions in the numbers of young people reporting sexual non-competence at first sexual intercourse	

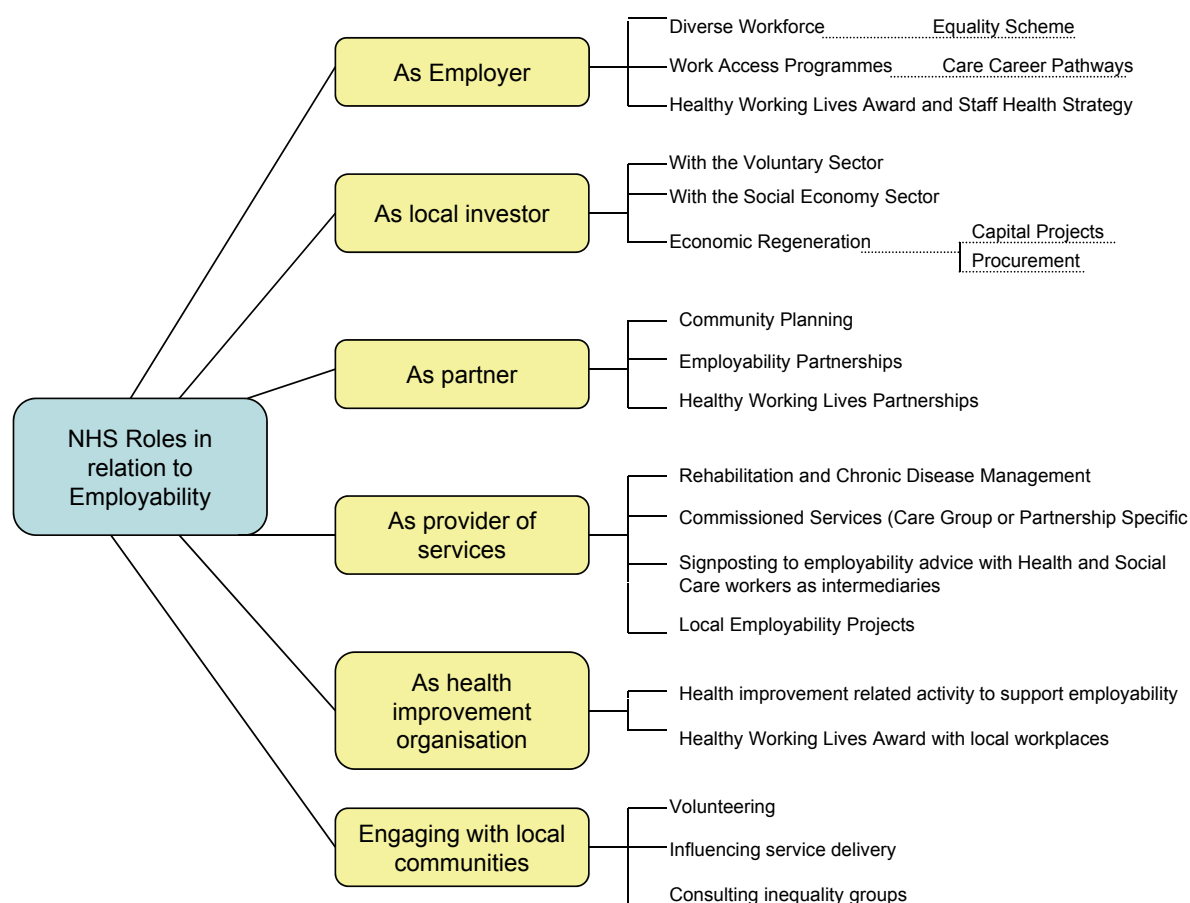
## Employability, Financial Inclusion, and Responding to the Recession Policy Framework

The Policy Framework is championed by a lead director in conjunction with the three planning groups for Employability, Financial Inclusion and Responding to the Recession. It aims to:

- reduce the impact of financial poverty on treatment outcomes (particularly debilitating or chronic conditions) and contribute to reducing the impact of poverty on the health of residents (particularly early years);
- promote employability amongst patients and within communities to reduce poverty and promote neighbourhood regeneration and personal recovery and well-being;
- reduce the impact of the recession on health.

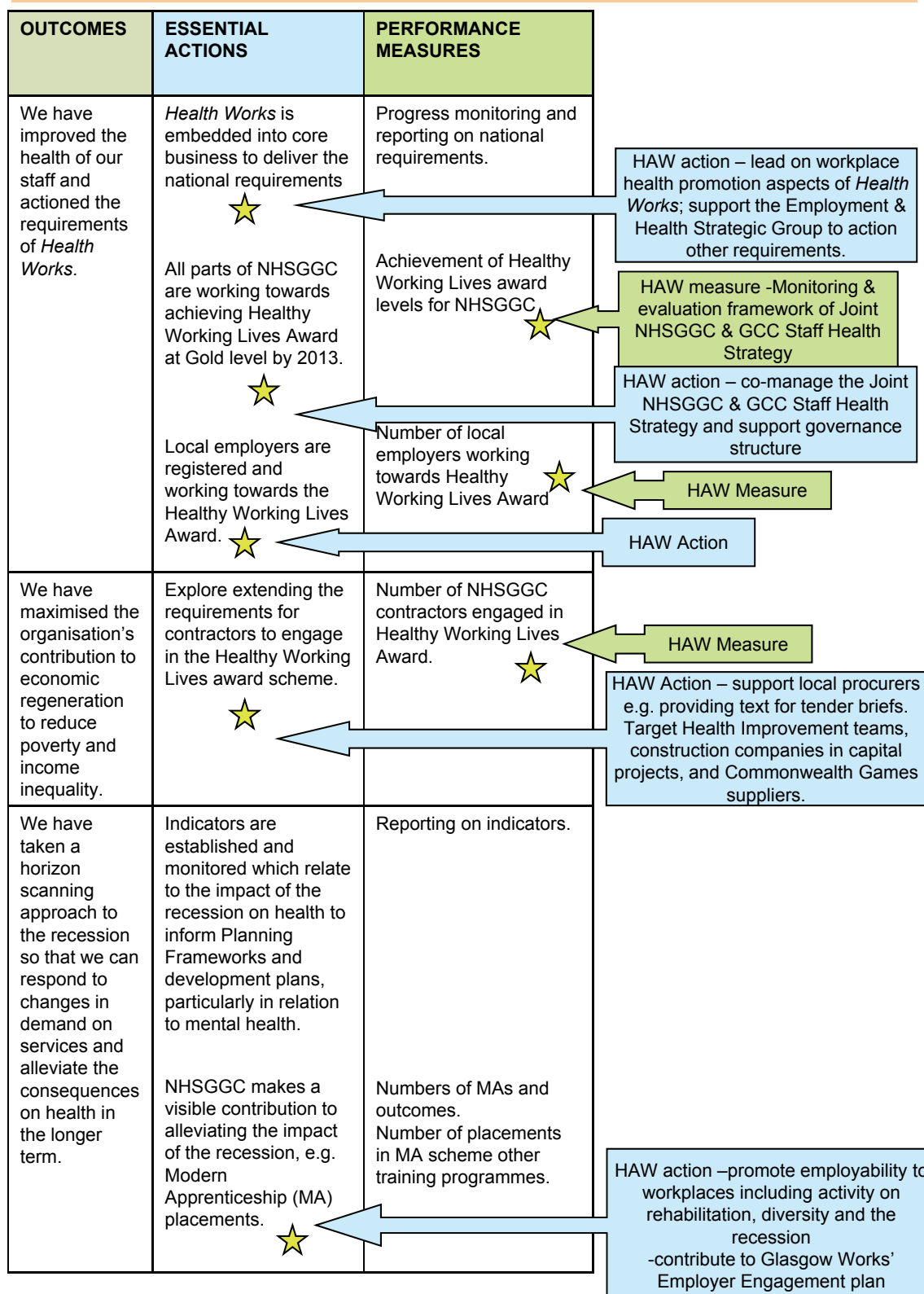
Illness can be both a cause and a consequence of unemployment and financial poverty. It is important for Health at Work to promote employability to workplaces, encourage them to support employees when they are at work in order to help them maximise their income, and also support those who might have to leave employment, perhaps because of redundancy or retirement. Health at Work has a key contribution to make to the issue of Employability on behalf of NHSGGC, and this is demonstrated in the diagram below.

Health at Work's contribution to the high level outcomes of the *Employability, Financial Inclusion, and Responding to the Recession* framework is laid out in the following table.





### NHS Greater Glasgow and Clyde: Employability, Financial inclusion and Responding to the Recession Action Plan



## Tackling Inequalities Policy Framework

It is NHS Greater Glasgow and Clyde's core business to remove discrimination, tackle health inequality, and respond effectively to the needs of marginalised groups.

It is the responsibility of the NHS to both prevent and respond to poor health. The evidence is now clear that the burden of ill health is not spread evenly across the population and that health inequalities relate closely to social and economic inequalities. Fulfilling our duty of care to the whole population requires us to develop ways of organising our business differently.

In order to achieve this, we need to establish an Inequalities Sensitive Health Service, the elements of which are defined by the 10 Goals Framework (below).

### The 10 Goals are that NHSGGC:

1. Knows and understands the inequalities and discrimination faced by its patients and population.
2. Engages with those experiencing inequality and discrimination.
3. Knows that people's experience of inequality affects the health choices they make.
4. Removes obstacles to services and health information caused by inequality.
5. Uses an understanding of inequality and discrimination when devising treatment and care.
6. Uses its core budget and staff resources differently to tackle inequality.
7. Has a workforce which represents our diverse population.
8. Creates a non-discriminatory working environment and a workforce which has the skills to tackle inequality.
9. Spends the money being invested in buildings, goods and services in a way which tackles poverty.
10. Works with partners to reduce health inequality by addressing issues such as income inequality, social class inequality, gender inequality, racism, disability discrimination and homophobia.

Working towards the 10 Goals ensures:

- compliance with equalities legislation and a reduction in reputational and legal risk;
- a better duty of care and improved health outcomes as people's different needs are taken into account;
- greater efficiency as the result of more appropriate and timely uptake of services resulting in a shift in the balance of care;
- greater safety as the result of improved compliance with treatment;
- more effective measures to address the unequal distribution in the determinants of poor health.

The 10 Goals Framework describes the steps that need to be taken to improve understanding of discrimination and inequality and to ensure that there is an effective change process to meet the purpose of this policy framework. It should be used to guide planning to:

- maximise the contribution of NHSGGC in closing the health gap between deprived and affluent communities;
- address the health consequences of discrimination and to limit discrimination in the way that health care is provided.

The change process applies to each goal individually but also to the 10 goals in their totality. The responsibility for the delivery of change in relation to this policy framework lies with Directors and their teams. The performance team will identify additional indicators for organisational change and monitor progress.

Health at Work's contribution to the high level outcomes of this framework is laid out in the following table.



### NHS Greater Glasgow and Clyde: Tackling Inequalities Action Plan

OUTCOMES	ESSENTIAL ACTIONS	PERFORMANCE MEASURES	
We have reduced discrimination caused by social class, gender, disability, race, sexual orientation, age and faith across the 10 goals to meet the requirements of equality legislation.	The outcomes and actions in the Equality Scheme 2010-13 will be met by named parts of the system. ★	Targets in the Equality Scheme	HAW action – Carry out Equality Impact Assessment on Health at Work Strategic Plan and implement action plan.
We have an agreed, systematic approach to tackling the health gap	<ul style="list-style-type: none"> <li>•Build on current resource allocation models for CH(C)Ps to align need and resources through developing appropriately resourced services in line with patient need</li> <li>•Design health improvement objectives to make a contribution to closing the gap ★</li> <li>•Each part of the system will impact on the determinants of health which lead to unequal health outcomes - ref Policy Framework - Employability, Financial Inclusion and Responding to the Recession ★</li> <li>•Performance indicators on closing the health gap will be embedded into all major programmes of work</li> <li>•HEAT target leads will inequality proof HEAT targets</li> </ul>	<ul style="list-style-type: none"> <li>•Further reallocation of resources in favour of deprived areas</li> <li>•Focus resources on deprived areas</li> <li>•Number of referrals to employability and financial inclusion advice and outcomes</li> <li>•Reporting on recession indicators</li> <li>•Reporting on indicators</li> <li>•Evidence of the health gap is presented in planning frameworks and development plans</li> <li>•Progress on HEAT targets in reducing the health outcome gap</li> </ul>	<p>HAW action – review each Health at Work Programme to ensure that it is inequalities sensitive</p> <p>HAW action – Promote employability, financial inclusion and rehabilitation services to workplaces and employees in order to reduce the impact of low socio-economic status</p>
The needs of marginalised groups have been addressed to reduce their risk of unequal health outcomes	<p>Each part of the system will maintain delivery of the Health and Homelessness Action Plan</p> <p>Services will take action to reduce stigma and increase access to services for asylum seekers and refugees, people with literacy issues, prisoners and offenders, travellers and ex-service personnel ★</p>		HAW Action – raise awareness of the impact of literacy, and promote literacy services to workplaces and employees

### Single Outcome Agreements – Local Authorities and Community Planning

The Local Government in Scotland Act (2003) places a duty on Local Authorities to initiate, maintain and facilitate the Community Planning process. Community Planning Partnerships consist of key city partners including Local Authority, NHS Board, Police, Fire and Rescue, Housing Association representation and the local Chamber of Commerce. NHSGGC is represented on Community Planning structures in each of the local authorities within its boundary.

In July 2008 each council in Scotland, in conjunction with local Community Planning Partners developed a Single Outcome Agreement (SOA) that set out the planned improvements for the local area and how these contributed to the 15 national outcomes set by the Scottish Government (more information on the national outcomes can be found on the Scotland Performs website). Many of these improvements link to Health at Work Programmes of work including aims to engage businesses, reduce smoking prevalence, reduce alcohol related harm, support employability, and promote mental well-being.

More information for individual SOAs can be found on local authority websites.

### Healthy Working Lives – NHSGGC Contribution

Scottish Centre for Healthy Working Lives employs a central team of staff who work to drive delivery of the HWL agenda, through a national structure of HWL Advisors employed at NHS Board level. Health at Work staff act as HWL Advisors in the NHSGGC area. Alongside the Health Improvement specialists that make up the Health at Work team, SCHWL colleagues from Occupational Health and Safety disciplines work as a joint team to promote Healthy Working Lives in the area. The relationship is described more fully in Diagram A in the Appendix.

Health at Work contributes to the Scottish Centre for Healthy Working Lives' Strategic Plan (2010 -13) via a Service Level Agreement covering:

- roles and responsibilities
- resource arrangements
- service delivery
- service standards
- performance monitoring and reporting

Key performance indicators (KPIs) are agreed on an annual basis with SCHWL. The KPIs that have been agreed for NHSGGC will be delivered by Health at Work in 2011 and are set out in the following table. It is likely that these measures will be similar for the subsequent years of this Strategic Plan.





### Service Level Agreement between Scottish Centre for Healthy Working Lives and NHS Boards - Key Performance Indicators 2011-12

PERFORMANCE MEASURES	TARGET FOR NHSGGC	
KPI 1 Number of HWL Award registrations received ★	32 ★	<div> <div>HAW Target</div> <div>HAW Measure</div> </div>
KPI 2 Number of HWL Awards achieved ★	45 ★	<div> <div>HAW Target</div> <div>HAW Measure</div> </div>
KPI 3 Number of OH&S first time visits made ★	100	<div> <div>HAW action – promote visits to workplace contacts</div> </div>
KPI 4 Number of OH&S follow up visits made	100	
KPI 5 Number of Health Improvement visits made to non award registered organisations ★	50 ★	<div> <div>HAW Target</div> <div>HAW Measure</div> </div>
KPI 6 Number of HWL awareness raising and training sessions organised for employers in one to many sessions ★	20 ★	<div> <div>HAW Target = 12 OH&amp;S target = 8</div> <div>HAW Measure</div> </div>

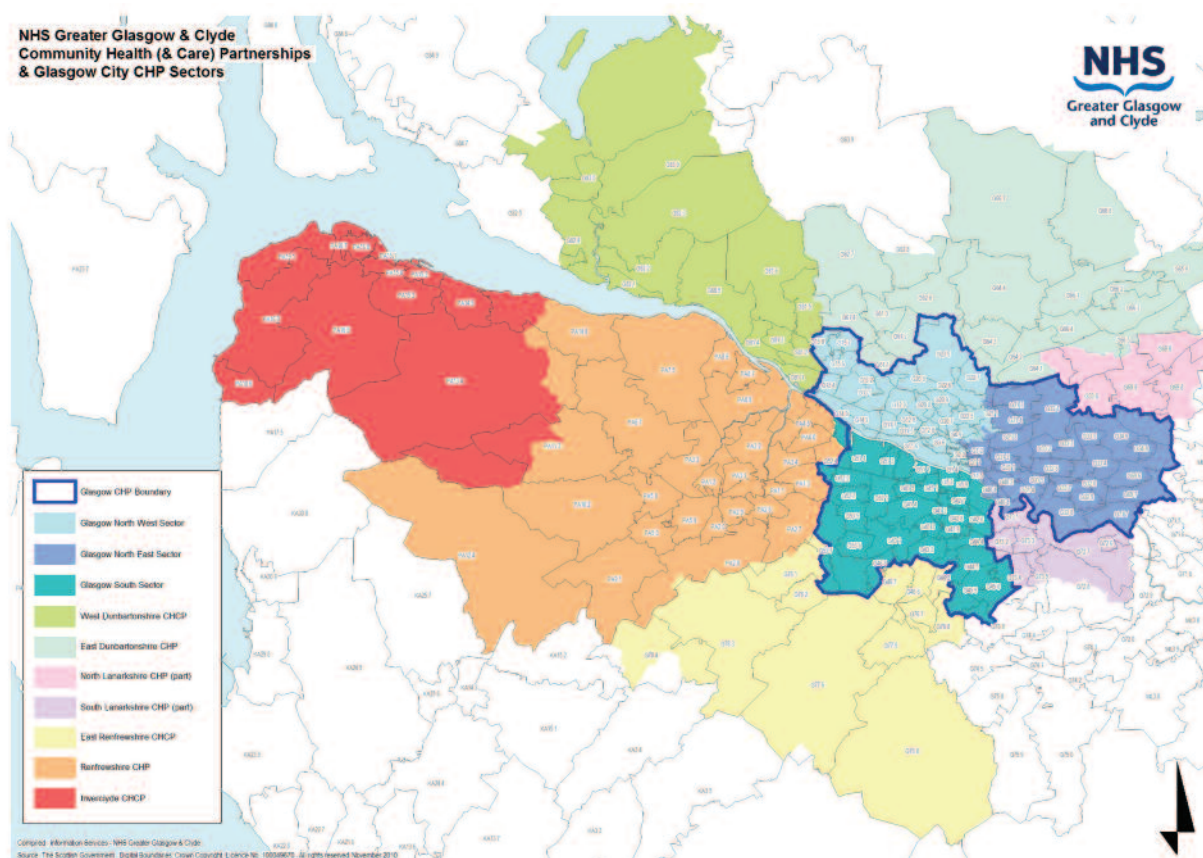


## 4. Our focus

### Identifying and analysing our client base, target audience, and key partners

#### Geography

NHS Greater Glasgow and Clyde covers an area of 452.3 square miles in west central Scotland, with a population of approximately 1.2 million, over a fifth of the population of Scotland. The organisation covers a diverse geographical area, including Glasgow, the largest city in Scotland, large and small towns, villages and coastal and rural areas. Within its boundaries are the territories of six local authorities, East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire, West Dunbartonshire and parts of the territories of two local authorities North Lanarkshire and South Lanarkshire. Although hosted within the Glasgow City CHP, Health at Work operates across the entire NHS Greater Glasgow and Clyde area.



#### Target audience

Health at Work's target audiences are primarily the employers who are based in the NHSGGC area and their employees. A healthy working life provides obvious benefits to individual employees as well as economic benefits to their employers as a result of a healthy workforce. Directing NHS services to employers and employees is an effective way of improving health in this setting. Additionally it is hoped that through working with these groups, the wider community in Greater Glasgow and Clyde will also benefit.



## Workplace profile

Within Scotland, NHS Greater Glasgow and Clyde has the largest number of workplaces in its operating area hosting a total of 659,000 jobs. Table 1 (in appendix) shows the number of business sites of registered enterprises, by sector within each Local Authority in the NHSGGC area at March 2010. A search of the HWL Database shows that those enterprises most commonly registered for the HWL Award in the area are in the sectors of construction, retail, professional, scientific and technical, and accommodation and food services.

The city of Glasgow in particular is regarded as a centre of commerce and industry, with thriving retail, leisure and financial sectors. Glasgow City has the greatest job density of any local authority area in Scotland, a ratio of 1.11 compared with 0.80 for Scotland as a whole, and 0.39 in a surrounding area such as East Renfrewshire<sup>8</sup>. However, whilst appearing to have a large proportion of jobs for its resident population, there are less available for the city's high level of unemployed residents than it may seem due to competition from residents of outlying local authority areas, large proportions of whom are willing to travel into Glasgow City to work<sup>8</sup>. Minority Ethnic Businesses (MEBs) account for 14% of small employers in Glasgow and it is estimated that there are over 1,600 VAT registered MEBs in Glasgow. MEBs are therefore significant employers and generate considerable wealth. According to research undertaken by the Bank of England on the financing of minority ethnic firms (1999) small businesses run by Asian entrepreneurs are more likely to grow than small businesses in general.

Whilst post-recession statistics from March 2010 show that all regions recently experienced a decrease in the number of businesses, Scotland experienced the smallest decrease of 0.8% compared with the largest decrease in the North West and the West Midlands of 3.3% each<sup>9</sup>.

Health at Work currently engages closely with 0.7% of all VAT and/or PAYE based enterprises in the area: we have 235 HWL Award registrations and there are 35,025 enterprises in the area<sup>10</sup>. A map indicating the spread of registered workplaces across the area can be found in the appendix. Whilst registration for the HWL Award is open to all sizes of business, experience has shown us that sole traders are unlikely to register with us. Currently no sole traders are registered with us. Our main business has always been with employers, and that is where the team will continue to focus its efforts.

A different dataset show us that there are 324,110 enterprises in Scotland but only 87,125 employers. Therefore employers make up 27% of all enterprise figures in Scotland<sup>11</sup>. Combining both sets of data together can give an approximate view of the amount of employers in the NHSGGC area: 27% of the number of enterprises (35,025) is 9,456.

With the assumption that there are approximately 9,456 employers in the area, then Health at Work currently engages with 2.5% of all employers in the area through the 235 employers registered for the HWL Award.

At a UK level, the distribution of enterprises by employment size band in 2010 shows that 88.6% had less than 10 employees, and 98.0% employed less than 50. Large enterprises, those with 250 or greater employees, accounted for only 0.4%<sup>9</sup>.

Currently 3.8% of HWL registrations in the area are from employers who have fewer than 10 employees. Therefore we can deduce that although there are a large proportion of 'micro' businesses (those with fewer than 10 employees) they tend not to engage with the HWL Award. Micro businesses are generally viewed as places where time and money to carry out health improvement interventions are scarce. Furthermore they tend to have fewer formal health protection processes in place, including those legally required for occupational health and safety issues. Although it would arguably be beneficial to the health of their employees if Health at Work were to engage with them, the likelihood is that the health promotion services the team has to offer might not fit with the needs of the business. Statistics from the HWL Database<sup>12</sup> show that a far larger proportion of these enterprises prefer instead to take up a range of other services from HWL such as Occupational Health and Safety workplace visits, training, guidance from the HWL Advice line or tools from the Health at Work or HWL websites. Almost half of all HWL Occupational Health and Safety visits in the past year (293 out of 611) were to 'micro' businesses. Additionally, 64 micro businesses from our area made a call to the HWL Adviceline. Therefore, when targeting the micro enterprise, the team will promote the services most fitting to the needs of this group, linking in closely with our HWL OHS colleagues who provide an excellent SME visit service, and are specialists in the field.

Our relationship with large organisations is good. 72.3% of HWL registrations in the area are from businesses with over 250 employees. From this we can assume that the approach of the Health at Work team and the HWL Award are particularly appealing to this size of workplace. Furthermore, engaging with large employers offers the obvious benefit of providing access to a larger number of employees with whom to involve in health improvement activities, impacting on the national outcome of population wellbeing. Therefore, when targeting the larger employer, the HWL Award will be the first programme that is promoted to them, with the signposting of other HWL services and solutions according to the needs of the business.

Having a greater number of workplaces to support with a probable cut to budgets is the biggest predicted challenge that will face the team in the coming years. Evaluation of the views of our clients revealed that they very much value the prompt one-to-one support that their advisor can offer them. Government outcomes for health and work are dependent upon the NHS growing the number of workplaces it engages with. Therefore a target of 32 new HWL Award registrations per year has been set. This continues the trajectory established in the last three year period. In order to allow the time for quality engagement with our clients, some of the internal processes within the Health at Work team will be streamlined. To make the most of the opportunity of engaging with these workplaces, the team will encourage more capacity for health improvement in workplaces by providing training programmes, creating lay workers and health champions & reviewing and up-skilling HWL working groups.

An external evaluation of clients' opinions showed us that whilst most employers were complementary about the quality of service received from the team, there was a perception that the team didn't always take time to understand the needs and nature of the business they were engaging with. This lapse in communication could easily lead to a poor fit of the HWL programmes and services that we recommend to the business. To rectify this, the team will undergo training to become more business focussed, and the Communications Plan will consider business perspectives when designing advertising, marketing approaches or promotional activities. Additionally, the evaluation told us that the businesses we engage with very much value the opportunity to network with other businesses and share experiences on workplace health improvement. Therefore, the programme of networking events currently run by the team will be doubled to take into account their value to our customers.

### Employee profile

As NHS Greater Glasgow and Clyde has the largest number of Scotland's workplaces based within its operating area, it consequently hosts the largest number of employees. There are 601,300 employee jobs in the area (both part time and full time, but excluding self employed jobs, government trainees and HM Forces jobs)<sup>8</sup>. Currently Health at Work cover a third of this number through the 235 organisations registered for HWL Award in the area, which between them employ approximately 202,500 people. When considering the usual working age population, Health at Work currently covers over a quarter (26.5%) of all people aged 16-64 in the area, of which there are 755,000<sup>8</sup>.

Scotland faces an enormous challenge because we have a diminishing and ageing population combined with a fairly low birth rate and low level of immigration when compared to the rest of the United Kingdom. It is projected that the number of people of working age will fall by 8% from 3.15million in 2002 to 2.88 million in 2027. The number of people of pensionable age will rise by 25% to nearly 1.2 million in 2027. Without allowing for the change in the pension age, the number of people over pensionable age has been predicted to increase by 45% between 2002 and 2027. The number of Scots entering the labour market aged between 16-29 as a core group has been predicted to decline from 2007-2027 by approximately 9%. Interestingly, Glasgow shows a different dynamic to that of the nation as a whole, with higher proportions of younger people. Despite this positive indicator, many of the city's young people are out of work, with recruitment drives often simply bringing people from outlying areas into the city to work.

Statistics reveal that the area is not employing a representative proportion of our population. Despite disabled people making up one fifth of the Scottish population, only about half of disabled people of working age are in work (50%), compared with 80% of non disabled people. Employment rates vary according to the type of impairment a person has. Disabled people with mental health problems have the lowest employment rates of all impairment categories at only 21%. The employment rate for people with learning disabilities is 26%<sup>13</sup>. From 2001 UK Census figures, the overall difference in employment rates between white ethnic groups (75%) and those from Black Minority Ethnic groups (58%) is 17%. 'Other White British' and 'White Scots' have the highest proportion of employment at 72% and 70%, whilst the



lowest employment rates are to be found amongst 'Other South Asians' and people from 'Other Ethnic Groups' (46%)<sup>14</sup>. In Glasgow City, population projections show that approximately 11% of its population is black or minority ethnic. Discrimination at recruitment stage, the lack of supportive employment practices, and poor knowledge about how to apply reasonable adjustments within workplaces can be causes of this situation. Discrimination at recruitment stage, the lack of supportive employment practices, and poor knowledge about how to apply reasonable adjustments within workplaces can be causes poor representation from these various groups.

Furthermore the recession is having an impact on the population of the area. In the last three years there has been a doubling of the proportion of our poorest residents who indicate that they would have difficulty paying an unexpected bill of £20 (from 15 to 30%)<sup>15</sup>. The Scottish Index of Multiple Deprivation (SIMD) presents a picture of multiple deprivation across Scotland. The 2008 SIMD set shows NHS GGC having 30.0% of the 15% most deprived data zones in Scotland, higher than any other health board area. In particular the recession is assumed to have an impact upon mental health. Debt is a major cause of poor mental health and the recession, with its predicted redundancies, cuts in hours, and reductions in pension pots, will certainly create money worries for many, particularly for those lowest paid.

At some point in the future it is likely that the responsibility for producing our economic wealth may fall to a smaller proportion of our population. It is therefore imperative that those who will then be responsible for our economic wealth are in optimum health and that Scotland as a nation sheds its reputation as "the sick man of Europe." It is also imperative that employers utilise the talents of our local people to full advantage, improving their recruitment practices to more fully include a diverse range of people in the workplace.

### **Specific target groups**

#### *Small to Medium Enterprises (SMEs)*

Whilst all workplaces in the area are able to access our services, Small to Medium Enterprises (SMEs) will continue to be a target as they constitute by far the largest business category, and employ a high proportion of the population. The Scottish Centre for Healthy Working Lives has developed an SME Engagement Strategy towards which the team will play a key role. A customer segmentation exercise will underpin how we prioritise our engagement efforts and active promotion of the HWL Website ([www.healthyworkinglives.com](http://www.healthyworkinglives.com)) will be a key component of the strategy.

#### *SME 'Plus'*

SMEs however can be difficult to engage with and support within the HWL Award (and other health promotion activities) compared with larger organisations: approaches often need to be tailored, and there are fewer employees who can take on health improvement tasks. Also, on a population health basis, they do not have enough employees to make an impact, compared to perhaps Glasgow City Council which employs 22,000 staff.

We propose to balance population health objectives with the need to increase our SME customer base by also targeting specifically those SMEs who could reach a wider community within which a greater health improvement impact can be made. For ease of reference, we have decided to call these 'SME Plus' organisations. Good examples of this are:

- Third sector organisations (the volunteers and clients)
- Housing associations (the tenants)
- Care homes (the residents)
- Colleges (the students)

#### *Priority employee groups*

Additionally it is important to the team to play our role in tackling in-work poverty and inequalities, and discrimination. Therefore we will target businesses (SME or large) where pay is considered low, and/or where higher proportions of priority groups are employed. Good examples of this are:

- Nursing homes or catering establishments with high proportions of low paid racially diverse staff
- Contact centres with high proportions of low paid young staff

- Employability related workplaces with large proportions of disabled staff
- Minority ethnic businesses, employing mostly minority ethnic staff
- Large workplaces, where activities can be focused on priority groups

#### *Commonwealth Games contractors*

Businesses in the area are being actively encouraged to take advantage of the benefits of Glasgow's hosting of the next Commonwealth Games in 2014. In order to harness a legacy effect for the health of the area, contractors to the Commonwealth Games are being encouraged to engage with the HWL agenda. This makes them a particular target group for Health at Work in the three years leading up to the Games.

#### **Wider community**

Two key national outcomes that the work of the team leads ultimately on to are the improvement of population health and the reduction of health inequalities. It is also important to note that the main business of NHSGGC is to improve the health of our local populace. Therefore, as a Health Improvement Team, our main drive is to achieve these health improvement and equalities aims. Consequently this work may also improve the Scottish and local economy in the reduction of absence rates and the improvement of productivity.

In this context, the workplace can be viewed as a setting within its community, one which provides the potential to improve not only the health of its own employees, but also that of the wider population through social networks and community involvement. Links with community health teams and agencies will be made to enable a more consistent approach to achieving this latent potential.

Firstly, the employees themselves have fully established social networks, including siblings, older relatives, children, friends, and partners. Health improvement messages and information about helpful services could be disseminated to these networks by employees reasonably easily, and to great effect. In this way, employees who are, for example, carers or who have relatives with addiction problems, can access information via their own workplace. The NHS has created a clear focus on the importance of the early years to the health and wellbeing of an individual. Whilst initially not seeming to be an issue for the workplace setting, there are many ways that they can help their business by engaging in initiatives like parenting, breastfeeding, smoke-free homes, and childhood obesity. Parents with healthy children naturally have fewer days away from work, and have one less worry. In the same way health initiatives for older people and other groups can be disseminated via the workplace.

The team also has a responsibility to the working age population of the area who are not currently in employment. Evidence shows that, in general, work is good for health<sup>4</sup>. Health at Work's Employability Programme will continue to do all we can to encourage supportive workplace environments in order to create structural and policy changes in the workplace. Such environments support positive health behaviours and reduce barriers for people coming in to the workplace. Workplaces are encouraged to provide reasonable adjustments, actively support people who develop health or social problems, and enable managers to adopt positive management practices and discourage stigmatising attitudes.

Finally, the workplace will be encouraged to become involved in its local community. This will be done in the main through the 'Community Involvement' criterion of the HWL Award. Many of our top workplaces already recognise their effect on the community and the contribution that they can make and have Corporate Social Responsibility policies in place. This could be the introduction of volunteer programmes in the workplace, the sponsoring of community groups, or contribution to a local event or campaign. In a general sense this can encourage a feeling of social connectedness between the whole company and their locality and, if done in an inclusive way, this can improve employee mental well-being.

#### **Health Colleagues**

Health at Work supports cohesion across health improvement strategies and programmes across the NHS and Partnerships, linking specifically with the Scottish Centre for Healthy Working Lives, other Health Improvement and Inequalities teams Public Health colleagues and Employability Leads. It is essential to our function that we establish and maintain strong networks, which support collaborative working at strategic and operational levels.



Health at Work operates at a wide ranging level, integrating with, consulting and influencing colleagues from the following areas:

3 CHCPs, 3 CHPs (Health Improvement Teams and Employability Leads), NHS Acute, Mental Health Services, Sandyford Initiative, Public Health, (PHRU, PERL, Research and Evaluation, Health Improvement Team), 6 Local Authorities, NHS Board functions (Corporate Human Resources, Corporate Inequalities Team, Health and Safety, Occupational Health, Learning and Education), Glasgow Centre for Population Health, Scottish Government (Health and Employment colleagues) Scottish Centre for Healthy Working Lives (NHS Health Scotland), including HWL Advisors (Occupational Health and Safety), HWL Adviceline team, and central SCHWL staff.

### Partners

Health at Work is the key link for workplace health improvement with NHSGGC's external partners, and works with public, private and third sectors establishing partnerships and networks in the area. We recognise the importance of partnership working and as such will endeavour to foster mutually productive and positive relationships with a variety of partners.

External partners and stakeholders include:

All workplaces in Greater Glasgow and Clyde area, Job Centre Plus, Employer Organisations (local Chambers of Commerce, Glasgow Employer Board, business 'umbrella' organisations), Glasgow Works, Health and Safety Executive, local regeneration agencies, employability agencies, trades unions, health charities and voluntary organisations.

Closer, more structured, and more mutually productive relationships with a wider range of partners and colleagues will be fostered. An evaluation of partnership working in our previous strategic period revealed that partners and colleagues valued the access that Health at Work could provide into the workplace, and were interested in Health at Work activities but wished to be involved in a more structured way. This included working collaboratively on planning and delivery of initiatives, and also in a more exploratory sense, in the development of joint agendas. In keeping with best practice, we aim to regularly review these partnerships to ensure that we are making the most of their collaborative potential. Partners will be encouraged to view workplaces as communities in which Health at Work can arrange access to enable the delivery of health improvement and inequalities objectives. This approach will also allow us to leverage further resources, whether financial or in-kind in pursuit of joint aims. Successful partnership working should complement and enhance the services that we currently offer to workplaces.

Our Communication Plan will incorporate a new strand to ensure partners & colleagues are well communicated with. Responsibility for developing more structured partnership working will lie with Health at Work's Health Improvement and Inequalities Manager, Health Improvement Leads and Health Improvement Seniors.

### Third Sector

Health at Work recognises the particular importance of working with the Third Sector to achieve an increased capacity and coverage. Partnership working with voluntary groups, charities and social enterprises will provide access to local knowledge, expertise and resources. Furthermore public and voluntary sector budget cuts will necessitate this joined up approach and the sharing of resources for the greater public good.

There is potential to access the voluntary workforce and to encourage its growth, and this in turn could help to build capacity for workplace health improvement, and to realise our employability aspirations. This can be done in a variety of ways including encouraging volunteering in workplaces, by allowing staff to contribute to the community as a volunteer or by introducing an employability services client into the workplace as a volunteer. More specifically, there is potential for voluntary roles in workplaces in order to support the Healthy Working Lives programme, and this potential will be investigated during the course of the Strategy.

## 5. Our plan

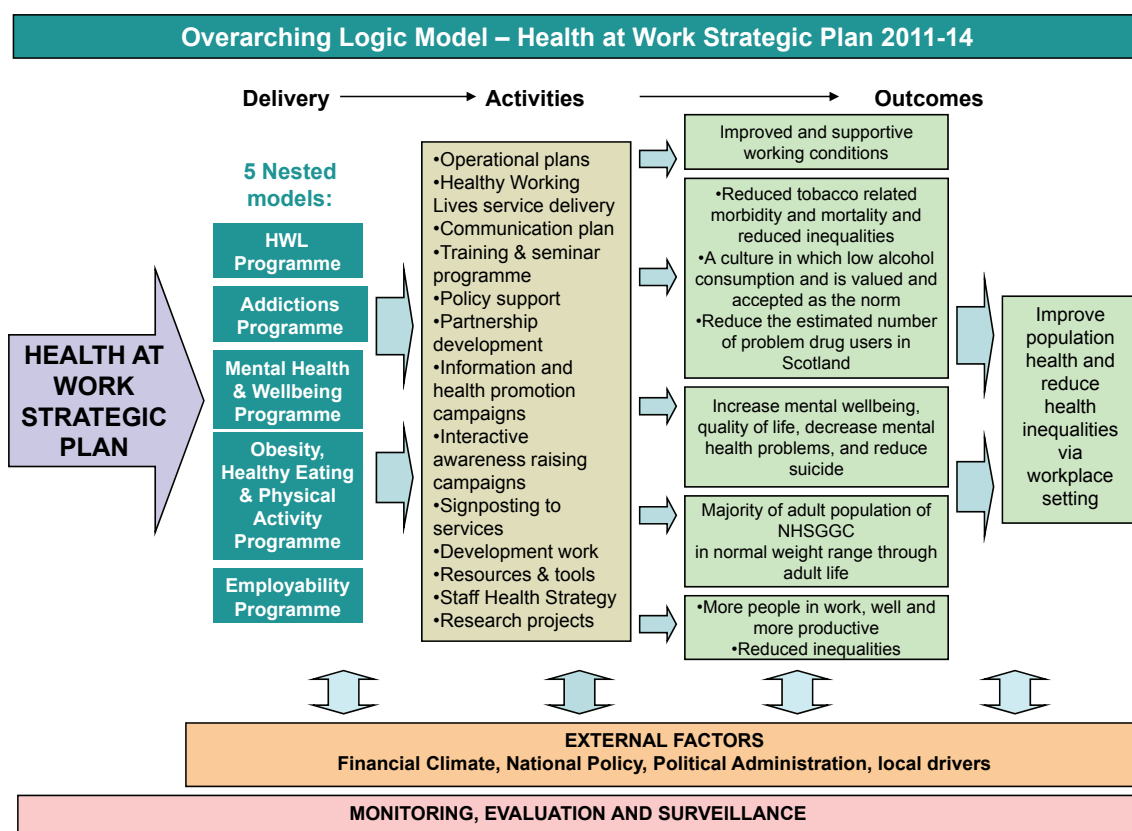
### Key programmes of work for the Health at Work team

We will achieve our goals by focusing on 5 key programmes:

- Healthy Working Lives Services and Solutions,
- Addictions,
- Mental Health and Well-being,
- Obesity, Healthy Eating and Physical Activity, and
- Employability.

Three annual Operational Plans and a Communications plan will set out achievable objectives over each of the 3 years of this Strategic Plan. We will supplement our programmes of work by maintaining close links with the Staff Health Strategy for NHSGGC and GCC, and with our HWL Occupational Health and Safety colleagues.

Details of the content, rationale and predicted outcomes for each programme are described in the coming sections of this chapter. Logic models have been created for each programme to describe how the work we are planning to deliver will contribute to national outcomes. The model below gives an overarching view of this Strategic Plan.



## Our Programmes

### Healthy Working Lives Services and Solutions Programme

#### Rationale:

The Scottish Centre for Healthy Working Lives Strategy and Strategic Business Plan 2010-2013 establishes the continuation of the HWL programme, including the delivery by health boards of the HWL Award and other core workplace services. In addition to those health promotion 'topics' prioritised within our plan (Obesity, Employability, Mental Health and Addictions), a wide range of other issues are covered by the auspices of the HWL programme including cancer, sexual health, men's health, women's health, and oral health. The workplace is a key setting for such health improvement activity and can facilitate both behavioural and cultural changes. There is a clear business case for workplaces to engage in workplace health promotion. The HWL Awards provide a robust framework for workplaces to do so. Further more, workplace behaviours such as leadership and employee involvement are actively encouraged in order to create a supportive working environment.

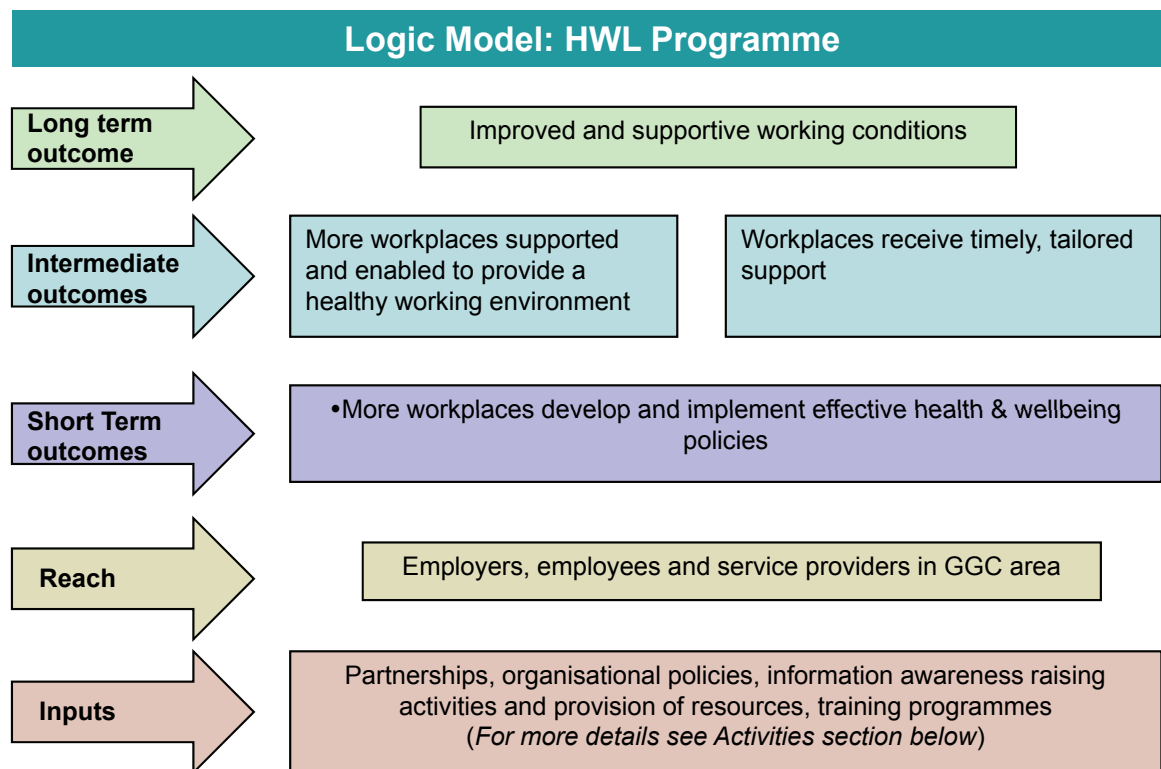
Taking part in the Healthy Working Lives Award Programme can help organisations to reduce absence, increase productivity and retain staff. Having registered, organisations can begin working up through the three levels of Award, from Bronze and Silver and on to Gold. A Commendation Award for Mental Health and Well-being is also offered. The award programme provides an excellent framework in which to address a range of health improvement issues. For a full explanation of the criteria required to attain each HWL award level, please visit the Healthy Working Lives website [www.healthyworkinglives.com](http://www.healthyworkinglives.com).

#### Key documents:

Health Works, Scottish Government, 2009

Scottish Centre for Healthy Working Lives – Strategy and Strategic Business Plan 2010-13

#### Outcomes



*NB: This model references national and local models and outcomes*



---

*Activities:*

- Recruit new clients to engage with us on the issue of workplace health improvement
- Deliver a suite of relevant HWL services and solutions to employers
- Implement a service delivery model to ensure the support and assessment of the Healthy Working Lives Award Programme within Greater Glasgow and Clyde
- Maintain monitoring systems and internal support procedures

*Healthy Working Lives Programmes and Services delivered by Healthy Working Lives Advisers*

- The Healthy Working Lives Award Programme
- Occupational health and safety advice – workplace visits for SMEs
- Introduction to workplace health and well-being
- General information or topic specific advice
- Health needs assessment and action plan support
- Policies & statements of intent - assessment and development
- Health and safety awareness session for SMEs
- Risk assessment session for SMEs
- Fire risk assessment session
- Mentally healthy workplace training
- Promoting resources



## Addictions Programme

### Incorporating tobacco, alcohol and drugs

#### Tobacco

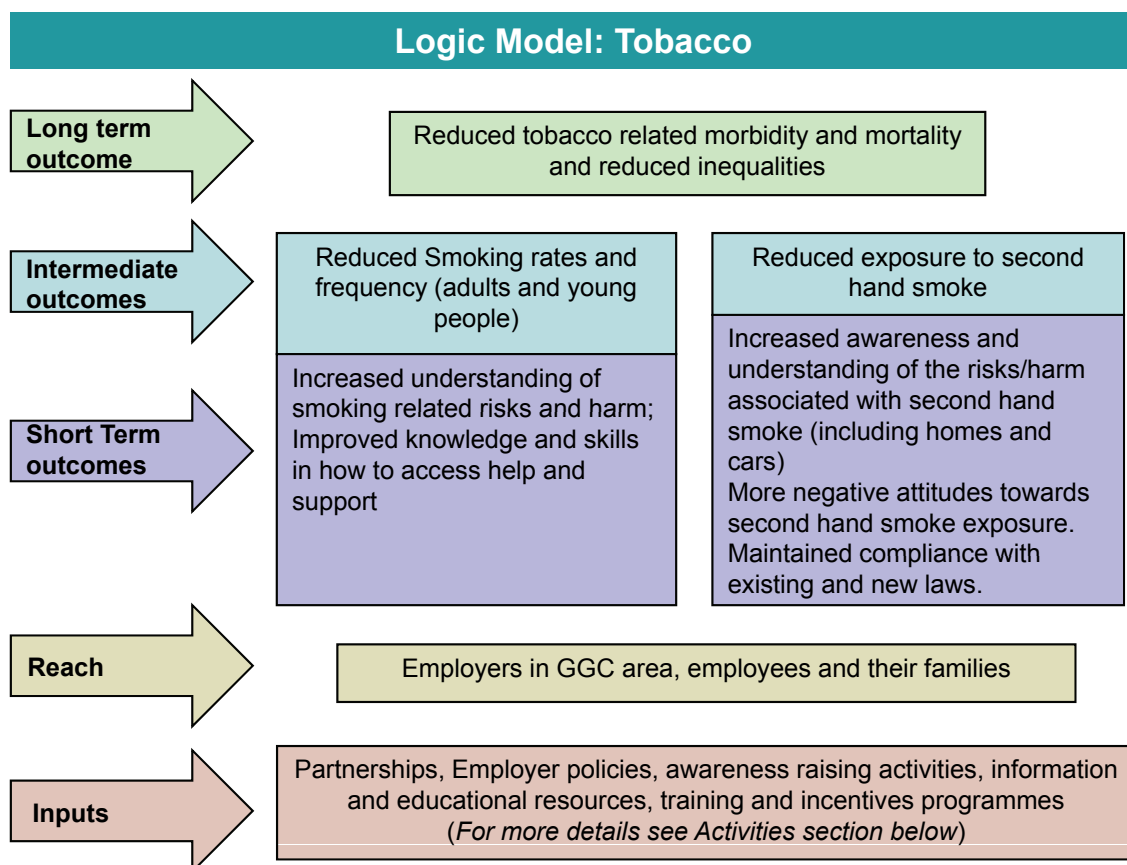
##### Rationale

Smoking continues to be a significant public health challenge for NHS Greater Glasgow and Clyde. Overall in 2008, one third (33%) of respondents in NHSGGC were smokers. Of these, one third would like to quit smoking. Smoking prevalence varied in the city depending on the level of deprivation in each area, from Glasgow North where 42% of adults were smokers to East Renfrewshire with 20%<sup>15</sup>.

Scotland's smoking prevention action plan (2008) identifies that a significant proportion of young people start to smoke or progress to regular smoking once they leave school. Action relevant for young people as well as adults in workplace and further education settings are a priority. Glasgow's Tobacco Strategy (2009) identifies key directions to reduce tobacco related harm. Those directly relevant to workplaces are:

- To reduce initiation into and uptake of smoking by young people
- To reduce smoking rates and frequency in adults and young people
- Reduce exposure to second hand smoke
- Non-smoking and smoke free environments become the social norm.

##### Outcomes



*NB: This model references national and local models and outcomes*

*Activities:*

## Strategy and development work

- Working with key partners and workplaces to contribute to and translate related policy and develop new initiatives where required.
- Linking with actions to reduce inequalities are particularly pertinent when considering tobacco misuse.
- Contributing to relevant reports and monitoring systems.

## Policy development service

- Providing advice, tools and implementation support to encourage workplaces to develop a written tobacco policy

## Programmes / Initiatives

- Provide employees and workplaces with information and education to reduce harm from tobacco, including promotion of national campaigns (e.g. No Smoking Day, World No Tobacco Day)
- Extend the scope of actions to include families and the promotion of smoke free homes and zones in line with national priorities
- Promote the workplace as a setting for smoking cessation including smoking cessation groups, brief intervention training and the workplace cessation competition Quit and Win
- Signposting to smoking cessation services available in the community (Smokeline, NHSGGC Smokefree Services)

*Partnerships:*

Scottish Centre for Healthy Working Lives

CH(C)Ps

NHSGGC Smoke-free Services

Third Sector organisations e.g. ASH Scotland, No Smoking Day

*Key documents:*

- Scotland's Future is Smoke-free: A Smoking prevention action plan, Scottish Government, 2008
- Glasgow Tobacco Strategy 2009-14, Glasgow Community Planning Partnership, 2009
- Commentary on NICE Public Health Intervention Guidance no. 1: Brief interventions and referral for smoking cessation in primary care and other settings, NHS Health Scotland, 2007
- NICE Public Health Guidance 10 - Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities, 2008



## Alcohol

### Rationale

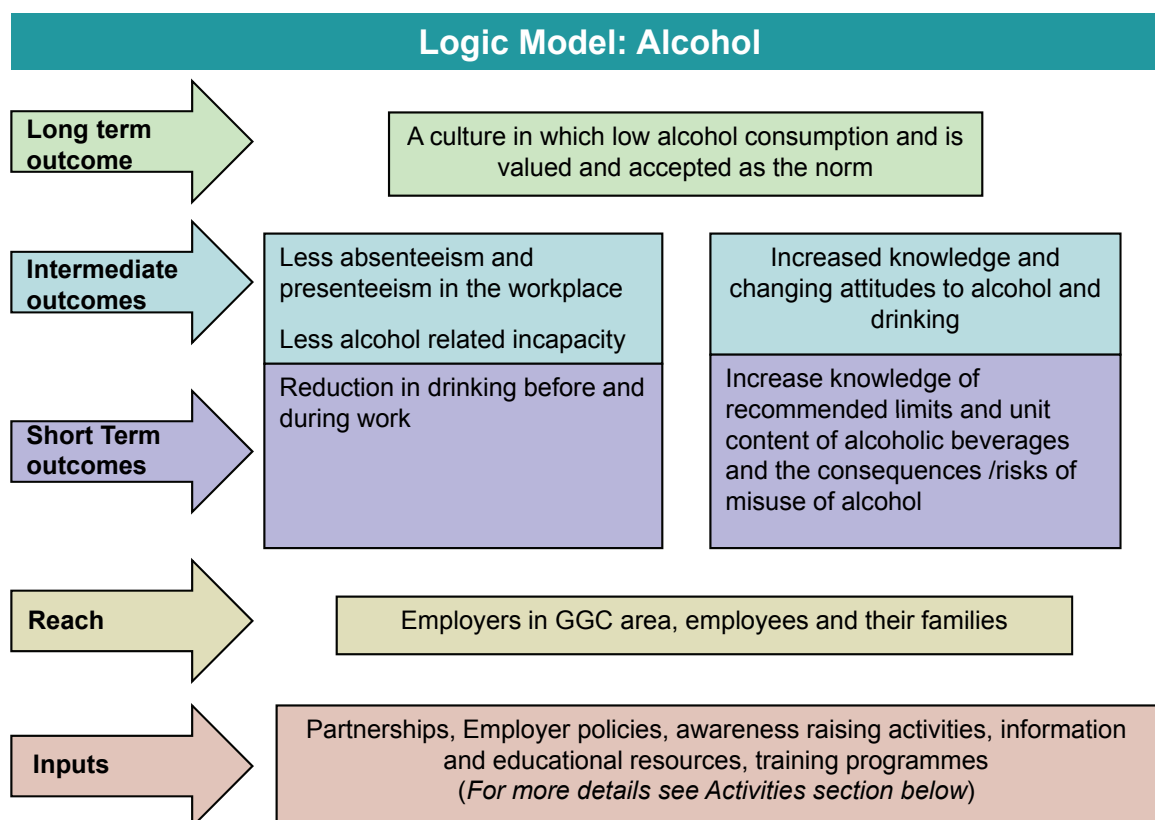
The workplace can provide an environment which challenges cultural norms, promotes the safe use of medication and raises awareness of the misuse of alcohol and other drugs.

Alcoholic liver disease is one of the 'big killers' in Scotland, alongside heart disease, stroke and cancer<sup>16</sup>. There are also social and economic costs of excessive alcohol consumption such as family break downs, crimes of violence, and loss of productivity through sickness absence. It is estimated that alcohol misuse costs Scotland £2.25 billion every year<sup>17</sup>. Alcohol misuse is not a marginal problem, with up to 50% of men and up to 30% of women across Scotland exceeding recommended weekly guidelines for alcohol consumption<sup>18</sup>. It is estimated that 40% of organisations do not have an alcohol and drugs policy in place to help them manage this challenging issue. Where there is a policy in place, often employers do not actively promote it to staff and only one-third of employers train managers in how to manage these issues at work. The costs, both human and economic, associated with alcohol and drugs at work, the current legislation and the notable links between alcohol and ill health, suggest that policies are becoming an essential part of good business practice.

Challenging the cultural and social norms of society as a whole is essential to reduce the impact of alcohol on the population. The Framework for Action (2009) outlines a range of outcomes. Those relevant to workplaces are:

- To have a sensible drinking culture,
- To have safer drinking and community environments
- To reduce alcohol consumption beyond recommended limits.

### Outcomes



**NB: This model references national and local models and outcomes**

*Activities:*

## Strategy and development work

- Working with key partners and workplaces to contribute to and translate related policy and develop new initiatives where required

## Policy development service

- Providing advice, tools and implementation support to encourage workplaces to develop holistic written workplace alcohol policies

## Programmes / Initiatives

- Signposting and promotion of national campaigns in order to raise awareness amongst employees of the misuse of alcohol e.g. GRAND week, Alcohol Awareness week
- Signposting to relevant drug and alcohol services in the community
- Facilitate other organisations to provide employees and workplaces with information and education to reduce harm from the misuse of alcohol and other drugs. E.g. Play Safe, Manager training on alcohol and drugs
- Facilitate training for occupational health teams to provide brief interventions on alcohol
- Develop, in conjunction with workplaces, prevention models to encourage people to become more aware of what they are drinking.

*Partnerships:*

Scottish Centre for Healthy Working Lives

NHSGGC Mental Health Services Alcohol/Drugs Team

CH(C)Ps,

Third Sector organisations e.g. Glasgow Council on Alcohol, Renfrewshire Council on Alcohol Trust and Alcohol Focus Scotland

*Key Documents*

- Glasgow City Alcohol and Drug Partnership, Prevention and Recovery Strategy 2011-14 (2011)
- Changing Scotland's relationship with Alcohol: A Framework for Action (2009)
- NHS Scotland – Changing Scotland's Relationship with Alcohol -logic models (2008)  
<http://www.healthscotland.com/uploads/documents/9807-LM%20final%20Jan%2009.ppt>
- SIGN Guideline 74 The management of harmful drinking and alcohol dependence in primary care, 2003, updated in 2004



---

## Drugs

### *Rationale*

A 2007 survey by the Chartered Institute of Personnel and Development (CIPD) found that one-third of organisations report that drug misuse has negative effects in the workplace and results in employee absence and loss of productivity. Major bodies such as the Confederation of British Industry (CBI), the Health and Safety Executive (HSE), and the Scottish Trade Union Congress (STUC) advise that it is an essential part of good business practice for small and large businesses to adopt an alcohol and drugs policy. Evidence suggests that those organisations that have an alcohol and drugs policy and refer employees with alcohol and drugs problems to specialist treatment, or give them rehabilitation support, report more than 60% remained working for the organisation after successfully managing their problem.

The Road to Recovery (2008) focuses on three areas: better prevention of drug problems, improving the life chances for children and young people, and seeing more people recover from problem drug use.

There is clearly a wide range of complex factors involved in why people take illegal drugs and what factors can lead people to regular or problem use. Many people experiment and take drugs – including tobacco, alcohol and cannabis – for a variety of reasons, without progressing further. The most important factors determining whether people experiment appear to be early years experiences, family relationships and circumstances, and parental attitudes and behaviours. The early years framework has a focus on building parenting and family capacity, creating communities that support the positive development of children, and delivering integrated services that meet children's needs. A well-informed dialogue about drugs within the family can be a significant factor in influencing decisions about drug use or assisting recovery. Provision of accurate information for parents and carers allows adults in families to discuss the risks of drug taking credibly, while understanding the perspective and concerns of young people.

Research conducted on behalf of the UK Drug Policy Centre in 2010, shows that stigmatising attitudes against people who are recovering or have recovered from drug addiction are a significant barrier to both recovery itself and reintegration into community life, including work<sup>19</sup>. Negative attitudes, feelings of shame and worthlessness prevent people from seeking help, which is likely to exacerbate any problems.

### *Partnerships:*

Scottish Centre for Healthy Working Lives

NHSGGC Mental Health Services Alcohol/Drugs Team

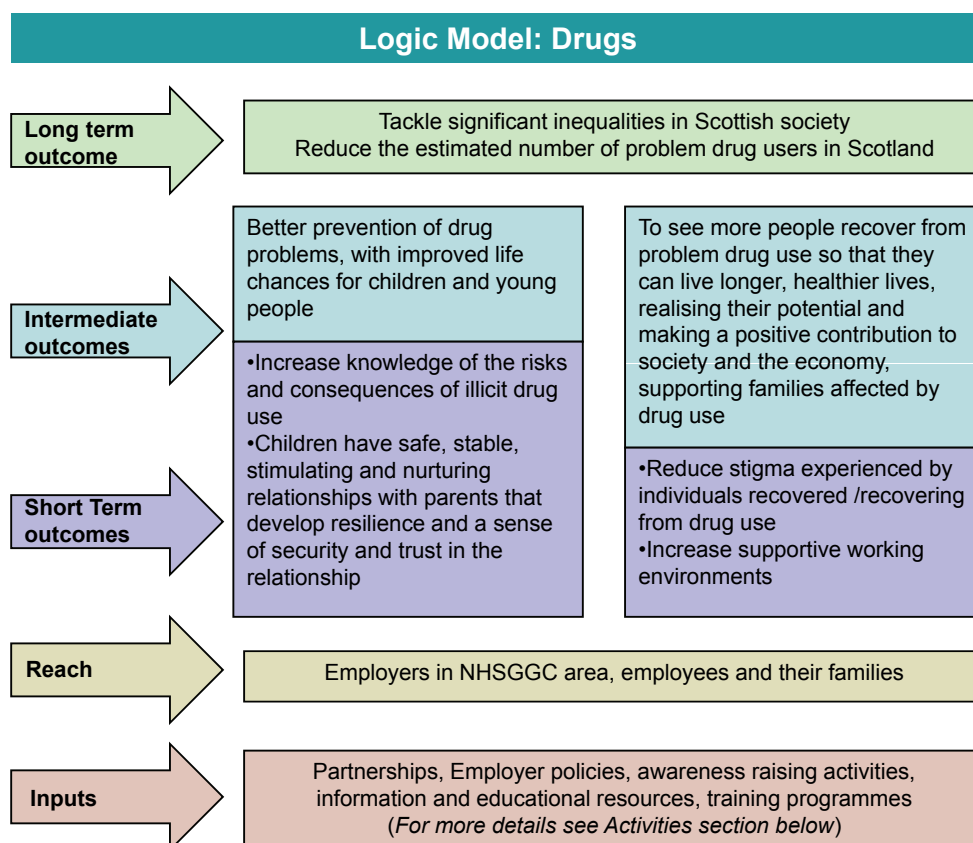
Third Sector organisations e.g. Glasgow Council on Alcohol (also covers drugs issues)

### *Key Documents*

- The Scottish Government, The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008)
- The Scottish Government Road to Recovery: One year on (2009)
- UK Drug Policy Commission, Getting Serious about Stigma in Scotland: the problem with stigmatising drug users (2010)



## Outcomes



*NB: This model references national and local models and outcomes*

### Activities:

#### Strategy and development work

- Working with key partners and workplaces to contribute to and translate related policy including employability and reducing inequalities
- Link with strategic work to reduce stigma against those who are drug addicted or have recovered from drug addiction

#### Policy development service

- Providing advice, tools and implementation support to encourage workplaces to develop holistic workplace policies covering medication and other drugs in the workplace.
- Supporting family friendly workplace policy development.

#### Programmes / Initiatives

- Signposting and promotion of national campaigns in order to raise awareness amongst employees about the misuse of drugs e.g. GRAND week, Know the Score
- Signposting to relevant drug and alcohol services in the community
- Facilitate other organisations to provide employees and workplaces with information and education to reduce harm from other drugs
- Signposting and promotion to relevant information for adults in their roles as parents and caregivers

## Mental Health and Well-being Programme

### *Rationale*

Creating positive mental health in workplaces requires actions to improve both physical health and mental well-being. In this section the focus is on mental well-being. Physical health and return to work actions are addressed elsewhere in the strategy. The Scottish Mental Health outcomes framework<sup>20</sup> recognises that mental well-being includes subjective well-being (such as affect and life satisfaction) and psychological well-being (such as mastery, sense of control, having a purpose in life, sense of belonging and positive relationship with others).

Being employed in a paid or unpaid capacity is generally considered better for mental health than unemployment, but this can depend on the work itself and the culture and relationships in the workplace. In 2008/9 mental health issues were the second most common work related illness following musculoskeletal disorders. Of the new cases of work related illness reported, 56% were related to stress, depression and anxiety<sup>21</sup>. It is estimated that a total of 2.2 million working days are lost every year through mental ill health in Scotland. There is evidence to show that mental health problems affect the attendance of blue collar workers more than their white collar colleagues<sup>22</sup>. Mental health related absence is estimated to cost employers £1.2 billion per year<sup>23</sup>.

The ability to work fruitfully and productively is at the centre the World Health Organisation definition of what it means to have positive mental health<sup>24</sup>. Recognising a mental health problem early and providing support is not costly and investment in current employees is less expensive than recruiting and retraining new staff<sup>25</sup>.

It is important to look beyond job satisfaction alone and include considerations of how an individual views their relationship with their employer and colleagues. Issues of whether they feel respected in the workplace, their level of control over work, and the nature of the work, for example, whether it is 'interesting', 'stimulating', or just 'varied', are important to most employees.

Health at Work has invested in literature reviews and consultations with businesses to explore actions workplaces could take to create a mentally flourishing workplace. The findings support the importance of a holistic approach to work to that incorporates the five elements of culture, conditions, relationships, activities, and personal development<sup>26,27</sup>.

### *Key documents*

- NHS Health, Scotland Outcomes Framework for Scotland's Mental Health Improvement Strategy 2010
- NICE Public health guidance 22 -Promoting mental well-being through productive and healthy working conditions: guidance for employers, 2009
- NHS Greater Glasgow and Clyde, No Health Without Mental Health (to be completed in 2011)

### *Partnerships*

Scottish Centre for Healthy Working Lives

Workplaces

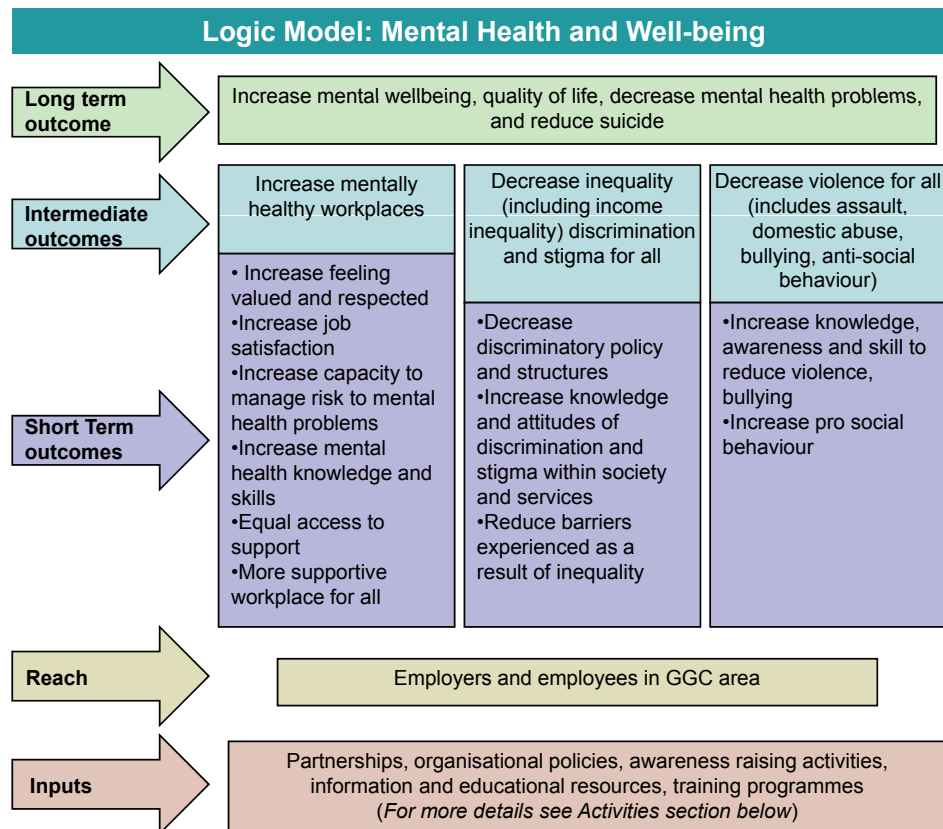
Mental Health Foundation

NHSGGC Mental Health Improvement team

Glasgow Association for Mental Health (GAMH)

Scottish Association for Mental Health (SAMH)

## Outcomes



NB: This model references national and local models and outcomes

### Activities:

#### Strategic and development work

- Work with stakeholders and workplaces to contribute to and translate related policy, develop new initiatives
- Contribute to NHSGGC reporting and monitoring

#### Policy development service

- Provide advice, tools and implementation support to encourage written mental health and well-being workplace policies

#### Programmes / Initiatives

- Signpost and disseminate resources and information on promoting mental well-being
- Facilitate the HWL Mental Health and Well-being Commendation award
- Develop new processes for workplaces to create a positive mental health workplace. This could include manager guidance, web based tools, or group sessions.
- Signposting and promotion of national campaigns to raise awareness and reduce stigma amongst employees (See Me Campaign and Mental Health Arts and Film Festival)
- Signposting to relevant services available in the community (e.g. GAMH, SAMH)
- Facilitate other partners and organisations to provide employees and workplaces with information and education within the workplace
- Delivery of HWL Mentally Healthy Workplaces Line Manager training, and Understanding Mental Health anti-stigma training
- Support workplaces to undertake Work Positive stress risk assessment process.
- Develop approaches that seek to ameliorate the effect of the recession on mental well-being including a consideration of the links between debt and mental wellbeing.
- Promote resources that aim to reduce violence and aggression in the workplace.



## Obesity, Healthy Eating and Physical Activity Programme

### Rationale

Obesity occurs when over a period of time the 'energy consumption' or calorific intake of food and drink of an individual is greater than their physical activity or 'energy expenditure'. It is a major risk factor in a number of health conditions including heart disease, diabetes, some cancers and premature death<sup>28</sup>. According to the 2008 Scottish Health Survey<sup>29</sup>, Scotland has one of the highest rates of obesity and it is increasing. This is reflected in the increase in the NHSGGC population, with currently over 68% of adult men and 61% of adult women either obese or overweight. Results from the 2008 NHSGGC Health and Well-being Survey<sup>15</sup> show that across the area less than half the adult population (45%) meets the national recommendations for physical activity of 30 minutes moderate exercise on most days of the week. Obesity is estimated in 2007/8 to have cost the NHS in Scotland £175 million.

It is recognised that preventing and managing obesity is both a national and local priority and requires action across sectors and environments as well as individual behaviours (Obesity Route Map, 2010). It is influenced significantly by the obesogenic environment we live in. This includes ready access to poor diets, sedentary lifestyle, the urban environment, and the transport system, the commercial marketing of food and our popular culture.

In order to reverse the obesity epidemic the whole population need to consume a healthier and safer diet and be more physically active. Eating well and being physically active have health benefits independent of a person's weight status such as mental well-being and managing individual health risks.

A healthy weight during childhood is important for both physical health and mental well-being. The importance of parental involvement and its association with effectiveness of preventative interventions has been emphasised in a range of studies (SIGN Guideline 115). Delivering healthy eating and physical activity programmes incorporating family focused elements will result in family lifestyle changes.

The Obesity Route Map (2010) identifies the workplace as an ideal setting to effectively deliver healthy eating and physical activity programmes to empower working age people with the knowledge, confidence and skills to make healthier lifestyle changes.

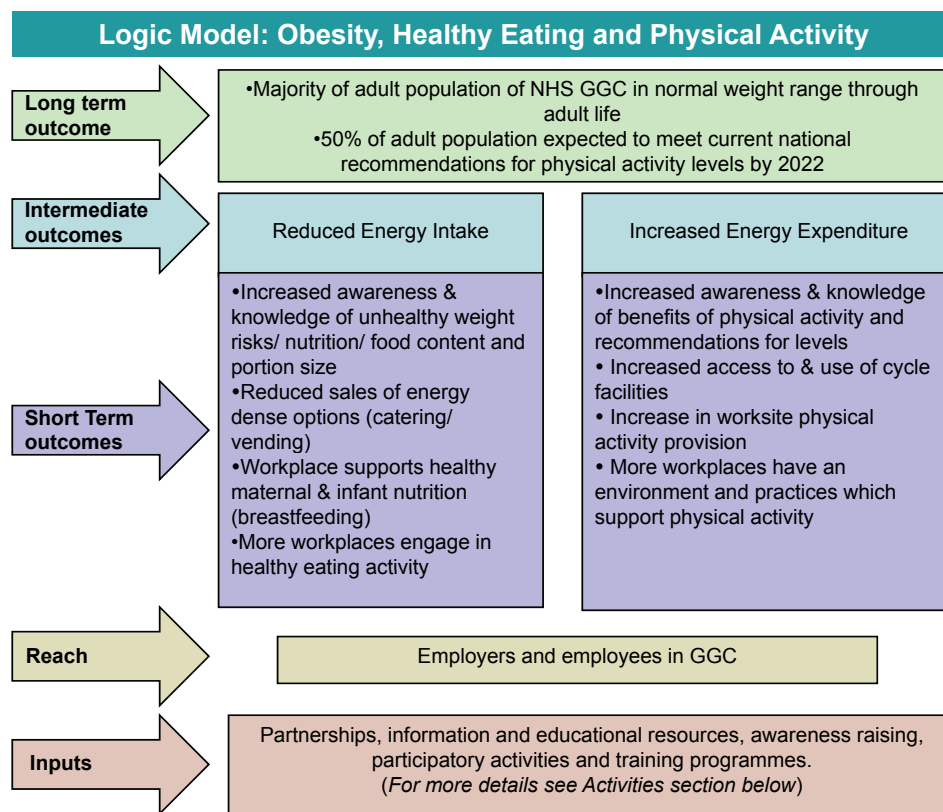
This action will not only have a positive impact on the health of the workforce but also provide savings to industry in that physically active employees take 27% less sick days than non active employees<sup>30</sup>.

### Key documents:

- Healthy Eating, Active Living: an action plan to improve diet, increase physical activity and tackle obesity (2008-11), Scottish Government (2008)
- Scottish Government (2010) Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight [www.scotland.gov.uk/Publications/2010/02/17140721/0](http://www.scotland.gov.uk/Publications/2010/02/17140721/0)
- Health Scotland Commentary on Public Health aspects of NICE Clinical Guideline on the prevention, identification, assessment and management of obesity in adults and children [www.healthscotland.com/documents/2377.aspx](http://www.healthscotland.com/documents/2377.aspx)
- WHO Global Strategy on Diet, Physical Activity and Health <http://www.who.int/dietphysicalactivity/en/>
- WCRF/AICR Policy and Action for Cancer Prevention [www.dietandcancerreport.org/](http://www.dietandcancerreport.org/)
- NICE Guidelines – Obesity, December (2006) (to be reviewed Dec 2011)
- SIGN Guideline 115, Management of Obesity (2010)
- NHS Greater Glasgow and Clyde Vending Policy
- Glasgow City Council, Healthy Weight Action Plan 2009-2012
- Recipe for Success - Scotland's National Food and Drink Policy, Scottish Government, (2009)
- NICE guidelines: Physical activity in the workplace setting (2008)
- Let's Make Glasgow More Active: Physical activity strategy for Glasgow 2007-11 (2007)

- Scottish Government (2009) Five year review of Let's Make Scotland More Active
- Glasgow Strategic Plan for Cycling-Glasgow 2014 Commonwealth Games and beyond (2010)
- A Games Legacy for Glasgow - Glasgow 2014

#### Outcomes



*NB: This model references national and local models and outcomes*

#### Activities

##### Strategy and development work

- Work with stakeholders, key partners and workplaces to contribute to and translate national and local policy relating to obesity and develop and deliver new initiatives
- Contribute to reports and monitoring systems as appropriate including Healthy Weight Action Plan, Let's Make Glasgow More Active Planning & Implementation Group, the Walk Glasgow Steering group, Glasgow Cycling Strategy

##### Policy development service

- Provide advice, guidance and support to encourage workplaces to develop written healthy eating (including breastfeeding) and physical activity statements of intent and action plans

##### Programmes / Initiatives

- Signpost and promote national campaigns and events in order to raise awareness and knowledge amongst employees of guidelines on healthy eating and physical activity (e.g. Walk to Work week, Cycle to Work week, Active Nation)
- Promote the Healthy Living Award (HLA) and HLA Plus working in partnership to deliver training and provide support for workplaces with catering facilities to achieve this award
- Signpost to service provision within NHS GGC for managing obesity (ACES, GCWMS, Shape Up)
- Develop with and facilitate other organisations to deliver information seminars on healthy eating and physical activity in the workplace setting

- 
- Develop and pilot healthy weight management resources suitable for workplace initiatives
  - Pilot weight management sessions in the workplace (e.g. Waist winners, Weigh in at Work)
  - Encourage active commuting, promote personalised travel plans and provide training and guidance on developing active travel plans and targeted behaviour change programmes (e.g. Sustrans, walkit.com)
  - Deliver training for workplaces on developing and delivering healthy eating and physical activity interventions
  - Provide guidance and support to workplaces on the creation and provision of environments that encourage physical activity and healthy eating (walking groups, running groups, corporate gym membership, flexible working, shower facilities, bike racks, Cycle to Work scheme)
  - Promote environmental changes in workplaces to facilitate a decrease in sedentary behaviour
  - Deliver physical activity programmes suitable for workplaces (e.g. challenge events, Stair Climbing and Pedometer walking competitions)
  - Signpost to and develop links with parenting initiatives
  - Facilitate delivery of Activity Works, a national Scottish Centre for Healthy Working Lives subsidised gym membership programme

#### *Partnerships*

- NHSGGC Health Improvement teams
- CHP's and CHCP's
- Glasgow and Clyde Weight Management Service
- Glasgow Life, and local authority leisure providers
- Related agencies (e.g. Healthy Living Award, Sustrans)
- Third sector organisations such as Paths for All, Jog Scotland, Cycle Scotland





## Employability Programme

### *Rationale*

Employability is defined by the Scottish Government and the Scottish Centre for Healthy Working Lives as: 'The combination of factors and processes which enable people to progress towards or get into employment, to stay in employment, and to move on in the workplace.'

40% of our residents live within a household with no adult in employment<sup>15</sup>, making this a much more substantive issue for us than other Scottish NHS Boards. However, the recession has made the prospect of moving individuals off benefits into work much more difficult and there has been an increase in the number claiming unemployment benefits. This is especially so amongst the young. Increasingly, women are also being affected by public sector cuts and lack of economic recovery in female dominated employment sectors. Current unemployment rates in Scotland stand at 8%. Additionally, minority ethnic and disabled residents are under represented in the workforce. Diverse workplaces benefit from a strengthening of organisational and human capital; the principal intangible assets used by companies in a wide range of sectors to establish competitive advantage and to create value.

It is important that individuals are equipped with the appropriate skills to secure and retain employment and to progress to a more rewarding job. Furthermore in NHSGGC there are high numbers of people on inactive benefits (Incapacity Benefit/ Employment Support Allowance) and although numbers going on to these benefits are falling, numbers leaving and going back to work are still low<sup>31</sup>.

There is a considerable body of evidence on the impact of poverty and unemployment on health outcomes and the recent economic downturn is likely to worsen the situation. Every 1% increase in unemployment is associated with 0.79% rise in suicides in ages under 65, with a similar rise in homicides – meaning more victims, bereavement and fear of violence<sup>32</sup>. Life events trigger further need - redundancy, severe change in economic circumstances, other trauma, transition between life stages (e.g. retirement); unsustainable debt, becoming a carer, or behavioural problems in a family member here<sup>33</sup>.

It is widely recognised and supported by evidence that, in general, being in good work is good for health<sup>4</sup>. There is also a strong link between unemployment and deterioration in physical and mental health and well-being<sup>5</sup> (Black 2008). Evidence also suggests that, with appropriate support, over 90% of people with common health conditions can be helped to work and that the numbers leaving work to claim incapacity benefits could be reduced by 20-60%<sup>4</sup>. Following a government review of the working age population<sup>5</sup> a number of measures were recommended to address employability.

Work needs to be undertaken to assist employers in:

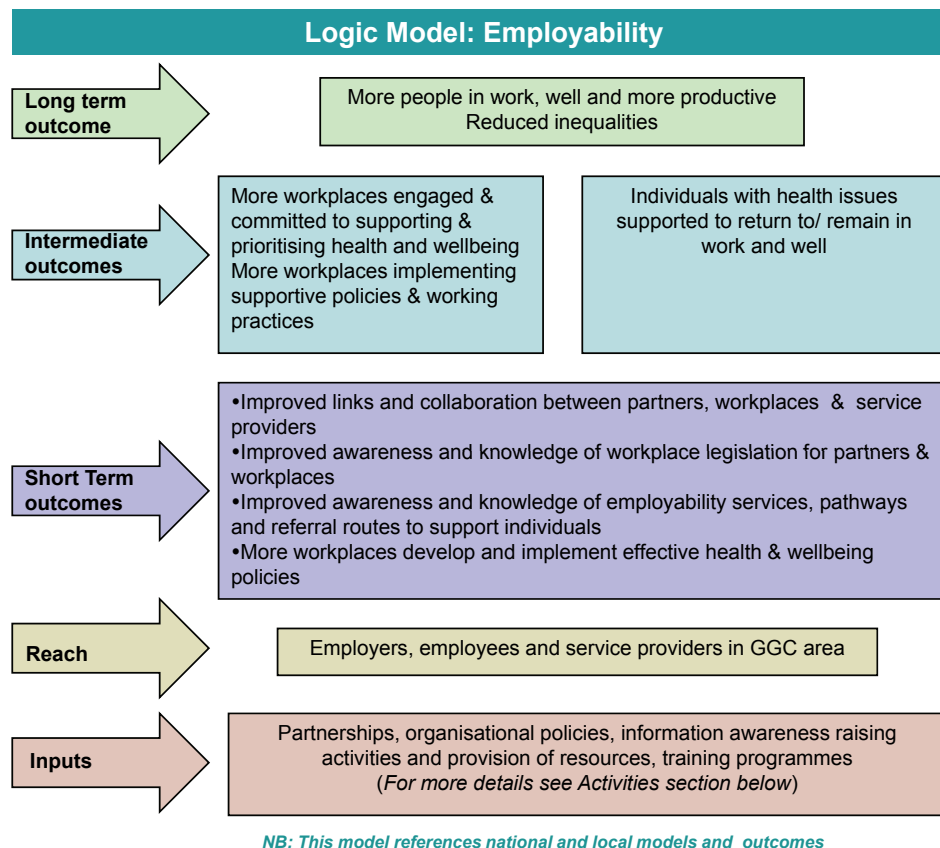
- Recruitment to reach and work with those most at a distance from the labour market
- Rehabilitation and retention to support those who have ill health to return to and remain in the workplace
- Empowering employees to develop skills and to progress in the workplace

This will provide benefits not just in relation to the health of the individual but also the economic benefits for Scotland as a whole. Health at Work has a key role to play in providing support and guidance to employers in the delivery of the employability agenda and the employability components of the HWL Award.

### **Employment and Health Strategic Group**

Work on employability is complex and needs to be driven and co-ordinated across NHS functions. There is a need for clear linkages across health and social care, acute and primary care, across different health interventions and with a range of external partners to deliver on the employability agenda. The Employment and Health Strategic Group (EHSg) has a remit to drive this work on employability to ensure that NHSGGC has a consistent approach as an employer, a service provider, a local investor and a partner. Health at Work is a key member of this group.

## Outcomes



## Activities

### Strategy and development work

- Membership of strategic groups (e.g. NHSGGC Employment and Health Strategic Group; Employment Planning and Implementation Group, Glasgow Works Employer Engagement)
- Work with stakeholders, key partners and workplaces to contribute to and translate related national and local policy on employability into practice.
- Contribute to reports and monitoring systems as appropriate

### Policy development service:

- Provide guidance and support to workplaces to develop and implement policies relating to employability (including staff attendance management, diversity and recruitment)

### Programmes/Initiatives

- Provide information and signpost to services available for employers on recruitment and retention aspects of employability (including diversity, literacy, older workers and providing volunteering opportunities)
- Signpost to services to support individuals in work with health issues (e.g. Access to Work, Working Health Services, Occupational Health, Scottish Backs)
- Contribute to the promotion and delivery of a new vocational rehabilitation service development for cancer and other long term conditions within NHSGGC acute services division (Macmillan Cancer Support / NHSGGC Acute Services Division)
- Signpost employers to services linked to employability (JCP, Bridging projects, Glasgow Works)
- Deliver training and provide guidance for employers on vocational rehabilitation (Proactive and reactive management of health issues, long term conditions, Fit Note implementation)

- 
- Provide support and guidance to employers to tackle inequalities in health in low paid workers by providing a grant scheme to deliver specifically needs-led health initiatives and by promoting the Living Wage campaign
  - Facilitate workplace awareness raising sessions about disability and discrimination issues and reducing stigma by working with partners (e.g. RNID, Macmillan Cancer)
  - Develop approaches to engage minority ethnic workplaces

#### *Partners*

- CH(C)P Employability leads
- Corporate Inequalities team
- Glasgow Employer Board
- Glasgow Chamber of Commerce
- Federation of Small Businesses
- Job Centre Plus (DWP)
- Working Health Services
- Health and Safety Executive
- Local Regeneration Agencies
- Glasgow Works
- Macmillan Cancer Support
- NHS GGC Acute Services Division

#### *Key documents*

- “Is Work Good for Your Health and Wellbeing?”, Waddell and Burton, (2006)
- Workforce Plus: An Employability Strategy for Scotland, Scottish Executive, (2006)
- Dame Carol Black’s Review of the Health of Britain’s Working Age Population: Working for a Healthier Tomorrow, TSO, (2008)
- The Scottish Government response to Working for a Healthier Tomorrow, Scottish Government (2008)
- Outcomes Framework for Scotland’s Health Works Strategy, Scottish Government (2010)
- Coordinated, Integrated and Fit for Purpose - A Delivery Framework for Adult Rehabilitation, Scottish Government (2007)





## Additional Health at Work plans to enable delivery of this Strategy

### Health at Work Operational Plan

Annual plan to set out the delivery, monitoring and evaluation of the team's operational work for years one, two and three of this Strategic Plan

Key elements:

- Workload distribution
- Budget allocation
- Key partners
- Evaluation framework
- Monitoring outcomes

### Health at Work Communications Plan

A three year Communications Plan to ensure the promotion of HWL services and Health at Work programmes to existing and potential clients, colleagues and partners.

Key elements:

*Recruitment/ Profile raising*

- Promotional events and conferences
- Reports and updates
- News releases

*Customer support / signposting*

- Monthly e-newsletter for employers
- Weekly news bulletin for employers
- HAW Website [www.healthatwork.org.uk](http://www.healthatwork.org.uk)
- HAW Training and seminar programme
- HWL Award ceremony and Network forums
- Brief Intervention web tool [www.checkmylifestyle.com](http://www.checkmylifestyle.com) supported by monthly Local Lifestyle e-newsletter for employees

*Partner informing*

- Updating on progress
- Disseminating findings
- Informing of future plans

## Associated Strategy (which features Health at Work as a key stakeholder)

### NHSGGC and Glasgow City Council Your Health Staff Health Strategy 2011-14

To be exemplar public sector employers by creating organisational culture change in order to adopt a key role in bringing about health and well-being for all employees.

*Rationale*

NHS Greater Glasgow & Clyde and Glasgow City Council are committed to improving the health of their staff. Within both organisations much has been accomplished through establishing a positive culture built on occupational health, health and safety, human resources, and staff health improvement policies and practices.

### Strategy Aim

The aim of the Your Health Staff Health Strategy 2011-2014 is to improve the health and well-being of the staff of NHSGCC and Glasgow City Council by improving working conditions, increasing the availability of healthy lifestyle choices, and building capacity within the two organisations for health improvement. It also has ambitions to have a health improvement legacy effect across Glasgow and the wider area within the families and friends of the combined 66,000 employees affected. As well as contributing to health improvement targets and objectives, it is intended that the organisations will further benefit from the plan in the form of reduced absence rates and improved morale.

### Principles

- Activities should be consistent with Healthy Working Lives strategic themes and the programme should complement local level HWL activities
- Staff involvement is a key feature of HWL and will be reaffirmed
- There should be targeting of those staff who we know are least likely to have access to health messages and resources and whose health is more likely to be poor
- The impact on staff members' families and social networks should be considered
- The programme should be evidence-based and encompass quality criteria including effectiveness, efficiency, and equity
- Staff health should be linked to wider themes such as equalities, employability, environmental issues, and community involvement
- Links should be made to other networks, plans, activities and opportunities such as Active Nation, City planning (in relation to obesogenic environments for example) Health Promoting Hospitals

### Objectives

- Increasing availability of healthy lifestyle choices, and building capacity for health improvement
- Improving working conditions through robust policies and procedures that will reduce the likelihood of work related problems
- Enhancing the partnership working between the two public sector organisations
- Extending the benefits of the strategy to the families and social networks of our staff
- Using a targeted approach, basing plans on knowledge about health inequalities
- Achieve sustainable progress by utilising existing services within both organisations through fostering closer, more structured and mutually productive relationships and working with partner organisations

### Key Commitments 2011-14

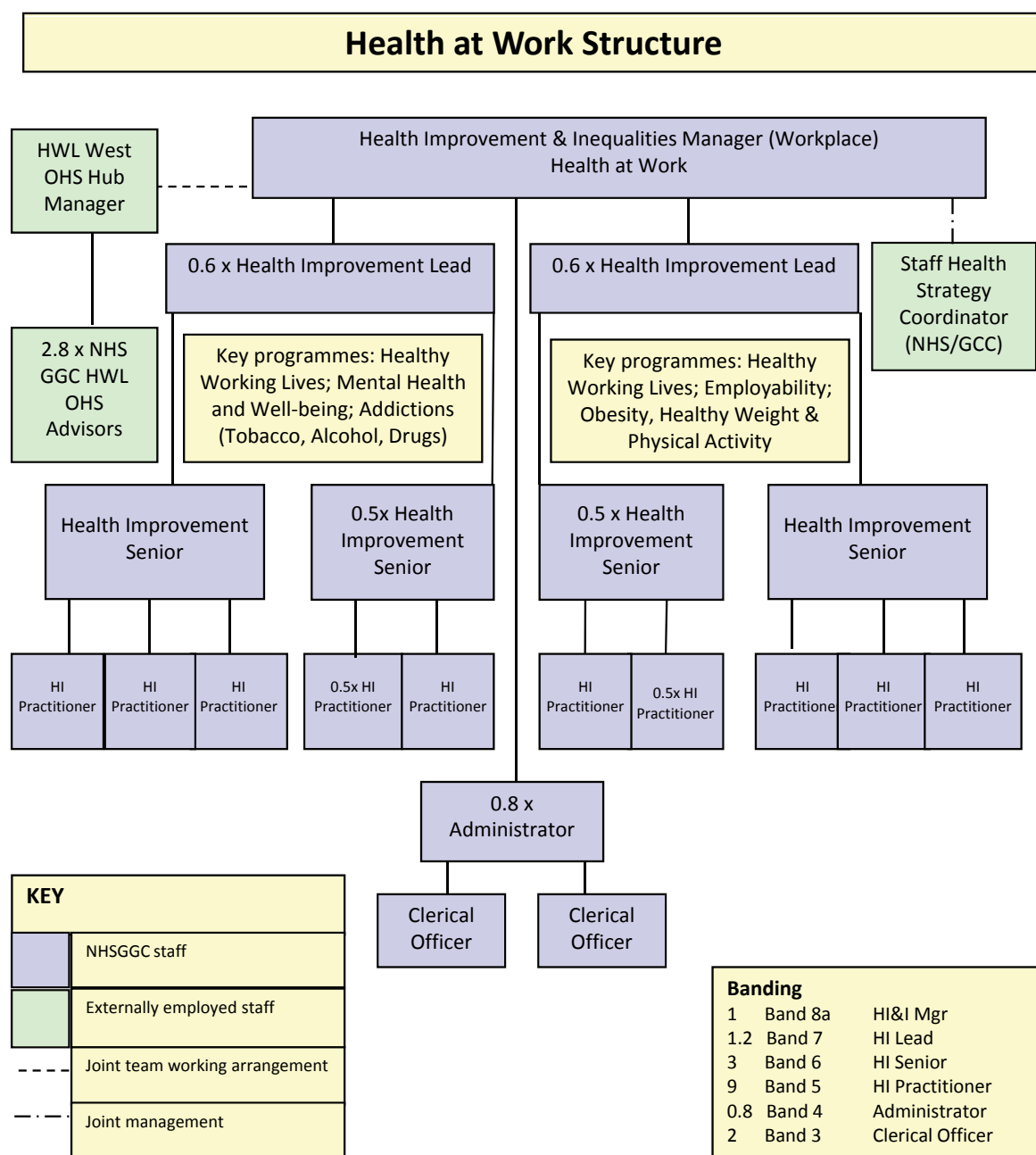
- Implementation of Mental Health and Well-being policies in both organisations
- Implementation of Alcohol and Drug Policy (GCC)
- Mentally Healthy line manager training included in core development programmes within both organisations
- Alcohol and Drug line manager training included in core development programmes in both organisations.
- Set up network of Health Champions
- Annual team challenge
- Subsidised Shape up classes for all staff
- Smoking cessation support for all staff
- Dedicated Quit and Win Initiative for both organisations
- Grant scheme targeted at low paid workers
- Appropriate and effective communication systems implemented.

## 6. Delivering the plan

We will deliver by utilising our financial and human resources, setting up robust systems of governance, communication, financial management and performance management.

### Health at Work team

Health at Work has a team of 20 staff members, representing 17 whole time equivalents, led by an NHS Health Improvement and Inequalities Manager. The following diagram describes the management structure of the team.





The team has worked consistently to foster a working environment which enables the provision of an excellent service. This was evidenced in an external evaluation in which our workplace customers placed a high value on the one-to-one support they receive from team members. Furthermore, Team Performance survey scores for the last two years running have indicated that we are a high performing team. To continue this cohesive working, teambuilding and development opportunities will continue to be important. During the previous three year period Health at Work also supported six people in voluntary placements with the team, all of whom subsequently found employment or educational advancement. The role of volunteers will be developed further in the coming three years.

### Health at Work budget

#### *Funders:*

NHS Greater Glasgow and Clyde	£453,000
Scottish Centre for Healthy Working Lives	£200,000
<b>TOTAL ANNUAL BUDGET</b>	<b>£653,000</b>

NB: The majority of this budget is for staffing costs with a small supplies budget.

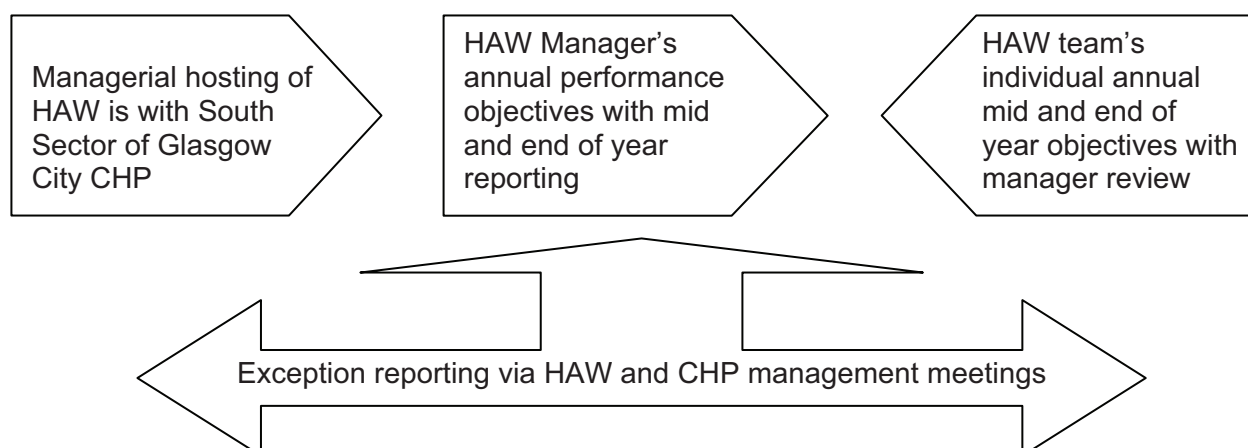
### Additional resources

Additional funding sources and in-kind contributions will be sought to enable an increase of supplies or staffing budgets. This would equip us to progress areas we have targeted for development and to continue our current close working relationship with workplaces via the Healthy Working Lives service. The team will additionally seek out and achieve synergies with other teams and partners, developing more ways to deliver the workplace health agenda by augmenting resources.

### Public Sector financial challenge

In the current economic climate, the Public Sector has been issued with a challenge to make substantial financial savings. As an NHS team, Health at Work will seek to contribute to those savings, taking instruction from our Director and the Corporate Management Team. Additionally, our key external funders SCHWL are an NHS Health Scotland entity. They, too will be required to contribute to public sector savings, and in 2011 have undertaken to review the structure and budget associated with the delivery of Healthy Working Lives across Scotland. To enable Health at Work to deliver our Strategic Plan within the context of possible funding cuts, a risk assessment and associated contingency plans will be developed for the strategy.

### Performance management framework



## Monitoring mechanisms for performance

### *Individual meetings with line manager*

Agreed meeting schedule and co-owned documentation in line with NHS standards to:

- Measure and manage performance against objectives
- Appraise achievements
- Support staff member in role
- Develop staff member professionally

### *Health at Work Management Team meetings*

Aim:

- Ensure Health at Work delivers an efficient and high quality service by providing a strategic lead for the planning, implementation and delivery of the Health at Work operational plan.

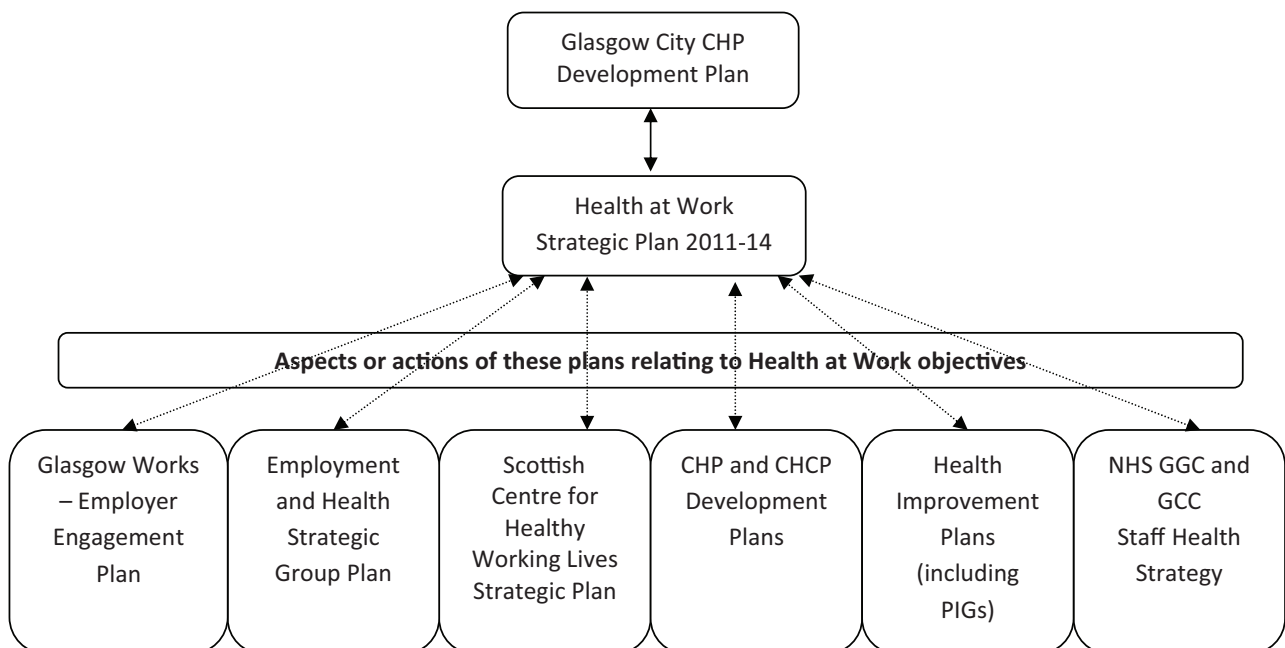
Outputs:

- Quarterly review and exception reporting of the operational plan i.e. budget, planning, personnel etc. in line with staff appraisals
- Implementation and exception reporting of Strategic Plan
- Appropriate discussion and decision making on staff governance issues
- Forum for decisions on issues re team sub groups

### *Performance review of Team Manager*

- Set high level objectives
- Measure mid and end of year performance, correcting poor performance
- Measure behaviours and competencies

## Governance framework



## 7. Evaluation Framework

---

### Evaluation, Monitoring and Performance management of the Strategic Plan

#### Evaluation

Project evaluations will be carried out by team members with support from the NHSGGC Research and Evaluation team, part of the Public Health Resource Unit. Each project will be planned and evaluated within a LEAP framework. LEAP frameworks are a recognised tool in health promotion and enable the project manager to establish measureable outcomes, outputs and timelines. There will be a link back to national outcomes frameworks and also to the logic models that have been developed for each Health at Work Programme.

#### Monitoring

The Strategy will be monitored within a three year monitoring report for which data will be requested at six monthly intervals. Through this report, progress to high level outcomes and actions will be measured.

#### Performance

Performance against the high level measures laid out in this Strategic Plan will be ultimately captured under the auspices of the Glasgow CHP Development Plan. Furthermore specific KPIs agreed for our NHS Board with the Scottish Centre for Healthy Working Lives will be subject to annual scrutiny.

#### Impact Assessment

An Equality Impact Assessment process will be carried out to ensure that this Strategic Plan is sensitive to inequalities, on the whole not increasing the gap or the gradient of health inequalities. Furthermore Health Improvement Impact Assessment principles will be applied to assess our individual programmes of work.





## 8. Team Biographies

---



**Lisa Buck**  
**Health Improvement & Inequalities Manager**

Lisa has worked with the NHS for over 15 years, 13 of those with Health at Work. Having occupied a range of roles within the team, including tobacco control specialist, she is currently the team leader. She achieved a Master of Science in Public Health in 2010, and has a special interest in in-work poverty and its link to mental health.

**Linda Crutchett**  
**Health Improvement Lead**

Linda joined Health at Work in January 2011. Linda first became interested in health promotion and improvement 22 years ago when, as a dietician, she witnessed how the context of people's lives and the environment where they live, work and play impacted on efforts to make healthier life choices. Linda is particularly fascinated by the possibilities that evolve when working in partnership with others.



**Catrina Henderson**  
**Health Improvement Lead**

Catrina has been a member of the HAW team for five years. Her background is as an occupational health physiotherapist and her area of special interest and expertise continues to be employability and Vocational Rehabilitation. She is enthusiastic about trying to stay fit and has set a personal goal of running a half marathon before this year is over.

**Nicola Barnstaple**  
**Staff Health Strategy Coordinator**

Nicola currently works between NHS Greater Glasgow and Clyde and Glasgow City Council coordinating their Staff Health Strategy. Previous to this she worked as a research assistant, a Project Manager at a Biotech company, and was latterly Outreach Manager at Breast Cancer Care.



**Debbie Nelson**  
**Health Improvement Senior (Acting HI Lead until mid 2011)**

Debbie joined the team in December 2005 and is currently covering a joint staff health post working between NHSGGC and Glasgow City Council. She previously managed a Community Health Initiative in Pollok, and before that was Head of Centre for two Pre-5 childcare centres managing staff teams from 8-25 which is where her initial interest in Health Improvement arose. Debbie has developed a particular talent and interest in the Communications aspect of her role.



**Mary McGibbon**  
**Health Improvement Senior**

Mary joined the team in January 2008 as a Health Improvement Practitioner and previously managed the physical activity and mental health areas of a Healthy Living Initiative in South Edinburgh for five years. Mary used her transferable skills and secured a seniors role within Health at Work in July 2009. She thrives on being a team player in and out of work as she is a keen Netball player in her spare time.

**Frances Rankin**  
**Health Improvement Senior**

Working in the obesity and employability work streams at Health at Work Frances has a focus on healthy eating and physical activity. Frances has worked in the NHS for 20 years, initially as a dietitian, and then for 15 years as a practitioner in health promotion and improvement. Frances has an interest in the healthy working lives of older workers and the challenges they face, and is keen to pursue work in this area. She is an active participant in the team's weekly keep fit class.



**Angela Ingram**  
**Health Improvement Senior**

Angela joined the team in June 2009 having previously worked for the NHS, private and voluntary sector. Having a thirst for knowledge she is particularly keen on training and takes great pleasure working with companies who are hoping to attain the Healthy Working Lives awards. She specifically enjoys representing the team on the SCHWL award group. Angela enjoys painting in her spare time and entered the Race for Life 5k in May.

**Alex Connor**  
**Health Improvement Practitioner (Acting HI Senior until mid 2011)**

Alex has worked in the health industry for over 16 years, 8 years of which have been within the NHS Workplace Health setting with a specific remit around Mental Health. In her previous job she managed a fitness centre within a large private organisation where she graduated in 2000 with a BA in Health Studies. Alex has a special interest in keeping her colleagues at Health at Work active by putting them through their paces in a weekly fitness class.



**Graeme Stevenson**  
**Health Improvement Practitioner**

Graeme has been a Health Improvement Practitioner with Health at Work since October 2008. As part of the Obesity and Employability work stream, much of his work has involved Health at Work's physical activity initiatives. This has inspired Graeme to lead a more active lifestyle outside of work as he has competed in both 5K and 10K races. In 2011 he plans to make the step up to the half marathon.



**Jenny Macdonald**  
**Health Improvement Practitioner**

Jenny graduated from Glasgow University in 2007 with a degree in Physiology and Sports Science. She has been a Health Improvement Practitioner with the team since January 2010. Jenny works within the Mental Health and Addictions stream and takes an interest in communications. With an interest in complementary therapy Jenny has recently undertaken a part time course in Swedish massage in her spare time.

**Kaye Shearer**  
**Health Improvement Practitioner**

Kaye has worked within the NHS for 6 years and joined the Health at Work team in September 2008 after graduating with a degree in Health Promotion and Communications in Health and Social Care. Her particular interests include healthy eating and oral health. Kaye likes to spend her spare time being active outdoors whenever possible – especially hill walking or skiing.



**Susan Monks**  
**Health Improvement Practitioner**

Susan has worked within the NHS for 8 years, particularly within the Mental Health setting. Susan joined the Health at Work Team in March 2010, with a keen interest in training and facilitating learning. Susan graduated in September 2005 with a BA Majoring in Human Resources. In April 2009 Susan successfully gained her Chartered Membership of CIPD. Susan is ever the organiser and likes targets, however in 2011 the target is personal - to walk a marathon!

**Maria Osuji**  
**Health Improvement Practitioner**

Previously a Medical Officer in her native country of Nigeria, Maria also volunteered in a community project. Maria graduated from the University of Glasgow as a Master of Public Health, winning the class prize for best international student. After graduating, Maria worked in community mental health in Glasgow before joining the team in 2008.



**Kevin O'Neill**  
**Health Improvement Practitioner**

Kevin has been an NHS Health Improvement Practitioner since 2007. After studying Community Development at Glasgow University, he managed a volunteer based network of community fruit 'barras' in West Dunbartonshire. Prior to that, he worked with disability & low income groups for 15 years and maintains his interest in inequality work. In his spare time he enjoys success racing his 10 year old son at running, cycling and swimming.





**Lesley McBrien**  
**Health Improvement Practitioner**

Lesley joined the team in January 2010 having previously worked as a trainer for a social enterprise company, and as a Biochemist. Her particular interests are in physical activity and healthy eating. At postgraduate level, Lesley's MSc dissertation was on the topic of promoting women's health. In her spare time Lesley is a keen fencer and enjoys all outdoor activities.

**Shivani Karanwal**  
**Health Improvement Practitioner**

Shivani has worked within the NHS for the last 3 years and joined Health at Work in 2010. She graduated with a Master in Public Health in 2008 and previous to this was a Physiotherapist for 2 years in India. Her major areas of work in health improvement have revolved around tobacco control and ethnic minority populations. She also holds special interests in research around addictions, physical activity and health inequalities. In her spare time Shivani has been writing a book, "Gluten-Free Indian Girl".



**Catherine McMahon**  
**Health Improvement Practitioner**

Catherine has worked within the NHS for 7 years, two of them as a Senior Health Improvement Practitioner. After completing a BSc Honours degree in Human Nutrition Dietetics and Food Science, Catherine secured the post of Nutrition and Food Scientist with a major international food manufacturer. She has continued her interest in food, nutrition and health and also has a particular interest in the employability agenda. Catherine adopts a healthy lifestyle by running half marathons and cooking up a feast of good healthy cuisine for her friends and family as part of her recreational and relaxation pursuits.

**Margaret Comrie**  
**Health Improvement Practitioner**

Margaret has worked in community health and health improvement for many years, firstly within the voluntary sector and then within the NHS for the past 13 years. She joined the Health at Work team in May 2002. Her particular interests include physical activity and the environment. Where possible Margaret likes to practice what she preaches by running, cycling to work and taking part in exercise classes in her spare time.



**Liz Donaghy**  
**Administrator**

Liz has worked with Health at Work since June 2000 as team administrator. In 2008 she gained a HNC in Accountancy. As an active person, she likes to walk the four miles to and from work and is planning to walk the West Highland Way this year.

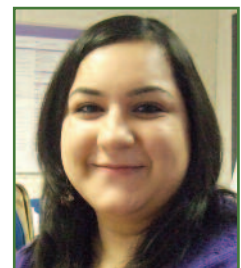


**Catherine Gale**  
**Clerical Officer**

Most of Catherine's working life has been with the Health Board in one role or another. 26 years to be exact, 10 of those with Health at Work. Catherine enjoys playing Lawn bowls in her free time where she has been successful in winning numerous trophies.

**Mariam Abbas**  
**Clerical Officer**

Mariam has been a Clerical Officer with the Health at Work team since February 2009. Mariam has an HNC in Accounting and is currently in the process of completing a European Computer Driving Licence course; she also has a keen interest in Human Resources and hopes to continue her study in this area. Mariam likes to attend Zumba classes during the week as she finds this a great way to keep fit and have fun at the same time.



**The team at the Health at Work Conference on 6th October 2010**

## 9. Appendix

**Table 1**

NHS Greater Glasgow and Clyde area - NUMBER OF LOCAL UNITS in VAT and/or PAYE BASED ENTERPRISES in 2010

UNITARY AUTHORITIES by STANDARD INDUSTRIAL CLASSIFICATION (UKSIC(2007)) BROAD INDUSTRY GROUP

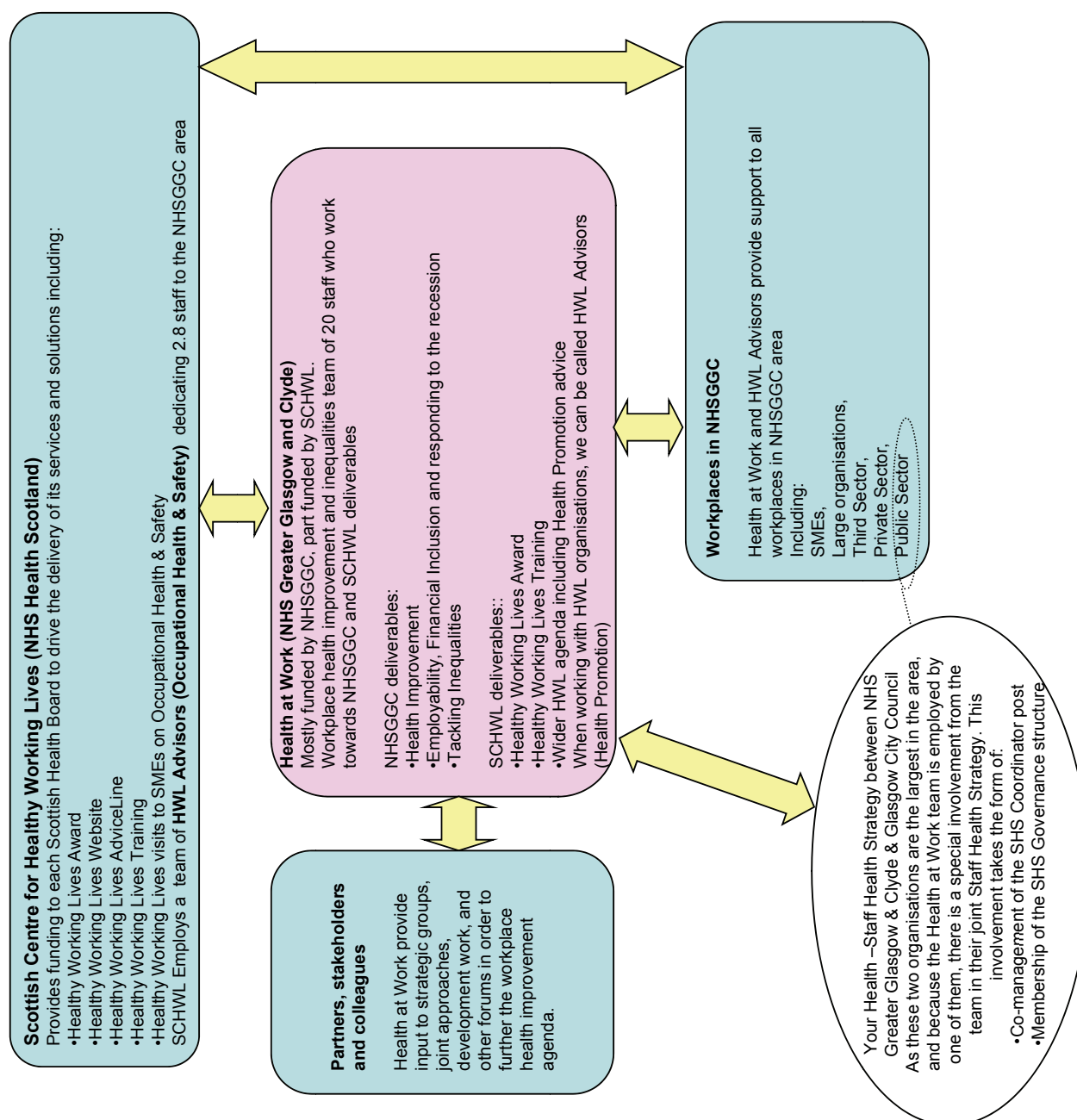
	Agriculture & forestry & fishing	Production	Construction	Motor Trades	Wholesale	Retail	Transport & storage (except postal)	Accommodation & food services	Information & communication	Finance & insurance	Property	Professional scientific & technical	Business administration & services	Public administration & defence	Education	Health	Arts entertainment, recreation & other services	TOTAL
East	50	160	395	85	110	315	70	165	155	55	115	485	175	30	70	195	305	2,955
Dumfrieshire	65	95	270	50	110	325	50	135	145	55	110	405	130	50	70	170	260	2,495
East Renfrewshire	25	945	1,555	405	970	3,230	375	1,810	1,080	770	1,135	2,600	1,250	195	620	1,675	1,715	20,355
Glasgow City	30	90	145	55	60	340	55	170	75	40	55	260	95	30	75	180	175	1,930
Inverclyde	110	300	590	135	245	600	270	410	195	125	155	595	410	105	165	355	480	5,235
West Renfrewshire	40	130	215	75	60	365	75	170	50	60	45	200	115	50	85	150	190	2,075
Dumfrieshire	17,200	10,515	19,110	4,995	7,560	23,925	6,365	15,430	7,435	4,430	5,595	23,505	12,340	3,210	5,535	11,700	14,555	193,305
SCOTLAND																		

Source: Local data extracted from: 'TABLE A1.1 UNITED KINGDOM - NUMBER OF LOCAL UNITS in VAT and/or PAYE BASED ENTERPRISES in 2010, DISTRICTS, COUNTIES AND UNITARY AUTHORITIES WITHIN REGION AND COUNTRY by STANDARD INDUSTRIAL CLASSIFICATION (UKSIC(2007)) BROAD INDUSTRY GROUP'

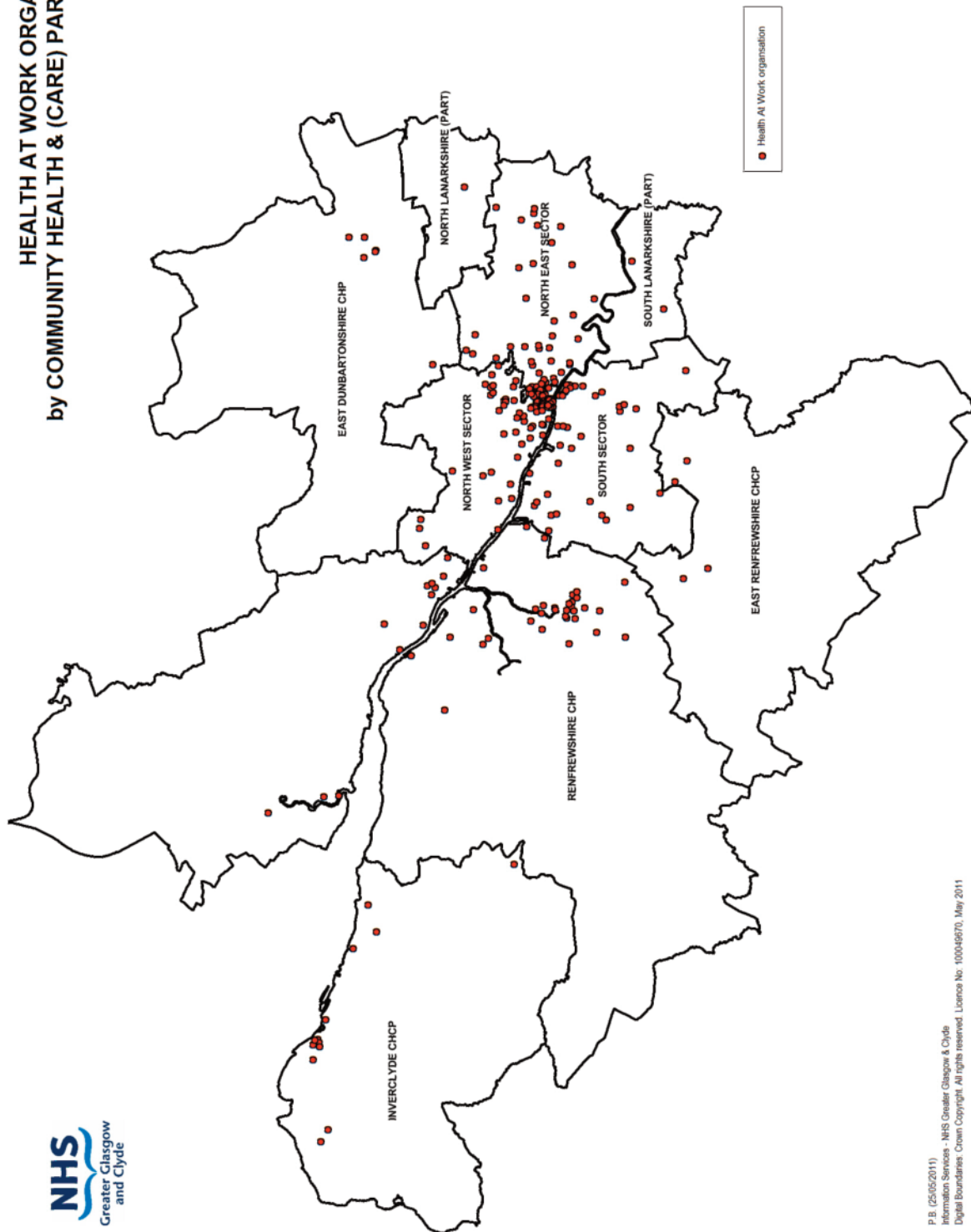
[http://www.statistics.gov.uk/downloads/theme\\_commerce/PA1003\\_2010/ukbusiness2010.pdf](http://www.statistics.gov.uk/downloads/theme_commerce/PA1003_2010/ukbusiness2010.pdf) (p. 9)



Diagram A. Depicting Health at Work's relationship with key partners.



## HEALTH AT WORK ORGANISATIONS by COMMUNITY HEALTH & (CARE) PARTNERSHIPS



## 10. References

---

- <sup>1</sup> Scottish Government, 2004, Healthy Working Lives: A Plan for Action, TSO
- <sup>2</sup> NHS Greater Glasgow and Clyde, 2010, Director of Public Health Report
- <sup>3</sup> Your Health: Staff Health Strategy, NHS Greater Glasgow and Clyde and Glasgow City Council, 2011
- <sup>4</sup> Waddell, G., Burton, K. 2006. Is Work Good for your Health and Wellbeing? TSO, London
- <sup>5</sup> Dame Carol Black, 2008, Review of the Health of Britain's Working Age Population: Working for a Healthier Tomorrow, TSO
- <sup>6</sup> NHSGGC Planning Guidance 2011/12, 2010, NHSGGC
- <sup>7</sup> Scotland Performs website: <http://www.scotland.gov.uk/About/scotPerforms>
- <sup>8</sup> Nomis,[Accessed March 2011], <http://www.nomisweb.co.uk/reports/lmp/la/2038432136/report.aspx#tabjobs>
- <sup>9</sup> Ref <http://www.statistics.gov.uk/cci/nugget.asp?id=1238>
- <sup>10</sup> Source: Local data extracted from: 'TABLE A1.1 UNITED KINGDOM - NUMBER OF LOCAL UNITS in VAT and/or PAYE BASED ENTERPRISES in 2010, DISTRICTS, COUNTIES AND UNITARY AUTHORITIES WITHIN REGION AND COUNTRY by STANDARD INDUSTRIAL CLASSIFICATION (UKSIC(2007)) BROAD INDUSTRY GROUP'  
[http://www.statistics.gov.uk/downloads/theme\\_commerce/PA1003\\_2010/ukbusiness2010.pdf](http://www.statistics.gov.uk/downloads/theme_commerce/PA1003_2010/ukbusiness2010.pdf) (p. 9)
- <sup>11</sup> <http://webarchive.nationalarchives.gov>
- <sup>12</sup> Scottish Centre for Healthy Working Lives, 2011, Healthy Working Lives Database
- <sup>13</sup> Scottish Government Website, Disabled People, [accessed on 29th March 2011] URL: <http://www.scotland.gov.uk/Topics/People/Equality/disability>
- <sup>14</sup> Campaign for Racial Equality website [Accessed 29th March 2011] URL: <http://crer.org.uk/attachments/article/73/Employment.pdf>
- <sup>15</sup> NHSGGC, 2009, Health and Wellbeing Survey <http://www.phru.net/rande/Web%20Pages/Health%20and%20Wellbeing.aspx>
- <sup>16</sup> NHS Health Scotland, 2008, Health in Scotland 2007: Annual Report of the Chief Medical Officer
- <sup>17</sup> Scottish Government, May 2008, Costs of Alcohol Use and Misuse <http://www.scotland.gov.uk/Publications/2008/05/06091510/0>  
Accessed February 2011
- <sup>18</sup> The Scottish Government, 2009, Changing Scotland's relationship with Alcohol: A Framework for Action, TSO
- <sup>19</sup> UK Drug Policy Commission, 2010, Getting Serious about Stigma in Scotland: the problem with stigmatising drug users  
[http://www.drugmisuse.isdscotland.org/publications/abstracts/stigma\\_and\\_druguse\\_2011.htm](http://www.drugmisuse.isdscotland.org/publications/abstracts/stigma_and_druguse_2011.htm) [Accessed 8th March 2011]
- <sup>20</sup> NHS Health Scotland, 2010 Outcomes Framework for Scotland's Mental health improvement strategy, Scottish Government
- <sup>21</sup> Health and Safety Executive, 2010, Self-reported work-related illness and workplace injuries in 2008/09: Results from the Labour Force Survey
- <sup>22</sup> Hilton, M.F., Scuffham, P.A., Sheridan, J., Cleary, C.M. & Whiteford, H.A. 2008, "Mental ill-health and the differential effect of employee type on absenteeism and presenteeism", Journal of Occupational & Environmental Medicine, vol. 50, no. 11, pp. 1228-1243.
- <sup>23</sup> SAMH, 2007, website [accessed 29th March 2011] URL: <http://www.samh.org.uk>
- <sup>24</sup> World Health Organisation, 2001, Mental Health 2001 – Mental Health: New Understandings, New Hope. Geneva: The World Health Report
- <sup>25</sup> The Work Foundation, 2009, Good Jobs, RR713 HSE Books
- <sup>26</sup> Osuji M, 2009, Mental Health Literature Review, Health at Work
- <sup>27</sup> Teixeira M, McGrory A, Knifton L, 2011, Pieces of a Jigsaw: Creating a Mentally Flourishing Workplace, Health at Work
- <sup>28</sup> Foresight, 2007, Tackling Obesities: Future Choices Project Report. Second Edition. Government Office for Science  
[www.foresight.gov.uk/ourwork/activeprojects/obesity/obesity.asp](http://www.foresight.gov.uk/ourwork/activeprojects/obesity/obesity.asp)
- <sup>29</sup> Bromley, C., Bradshaw, P., and Given, L. (eds), 2009, The Scottish Health Survey: 2008, Scottish Centre for Social Research
- <sup>30</sup> Physical Activity Task Force, 2003, Let's Make Scotland More Active, Scottish Government, TSO
- <sup>31</sup> Scottish Observatory for Work and Health website [Accessed 20th June 2011] URL: <http://gla.ac.uk/departments/hwlgroupp/scottishobservatoryforworkandhealth>
- <sup>32</sup> Stuckler et al, 2009, International comparison study, Lancet
- <sup>33</sup> The Receding Tide: Understanding Unmet Needs in a Harsher Economic Climate', The Young Foundation, 2009





Alternative formats are available on request by contacting us by phone, email or in writing.

**Health at Work**

**Festival Business Centre, 150 Brand St, Glasgow G51 1DH**

**E: [healthatwork@ggc.scot.nhs.uk](mailto:healthatwork@ggc.scot.nhs.uk)**

**T: 0141 314 0024**

**W: [www.healthatwork.org.uk](http://www.healthatwork.org.uk)**